FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Trigg Leslie						2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 3052 OR	(Fii	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024									X	X Officer (give title Other (sp below) Chair and CEO					
(Street) SAN JOS			5134		4. If <i>F</i>	Amend	ment,	Date o	of Origina	al File	d (Month/Da	y/Year))	6. Indi Line) X	Form	Joint/Group filed by One filed by Mo	e Reportii	ng Perso	on	
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										at is inter	nded to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	Benef	ficially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A. Securities Acquired					ies cially Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect direct 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(Instr. 4)	
Common	ommon Stock 02/15/2			2024			S		5,320(1)	D) (\$3.57	833,091		D					
Common Stock												8,770		I		Trigg Family Trust				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) 6. Conversion Date (Month/Day/Year) 7. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year)				ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Owner Form Director Inc (I) (In:	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A)		(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	ber						

Explanation of Responses:

1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of an aggregate of 14,748 shares of Common Stock underlying RSUs granted to the reporting person on March 15, 2021, January 26, 2022 and January 6, 2023. This sale was made to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

> By: John L Brottem For: Leslie Trigg

02/16/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.