Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
vvasilington,	D.O.	20070

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* <u>Vazquez Martin</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Outset Medical, Inc. [ OM ]									ck all app Direc	ationship of Reporting all applicable) Director Officer (give title		ng Person(s) to Issuer			
(Last) 3052 OR	(Fii CHARD D	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/06/2023									X	belov	v) ``	Other (specify below)		specify	
(Street) SAN JOS (City)			5134 Zip)		4. If <i>I</i>									6. Inc Line)	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Bene	ficial	y Own	ed				
Date				2. Transac Date (Month/Da	Exec Day/Year) if an		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(50. 4)				
Common	Stock			01/06/2	2023				A		56,634(1	) 1	4	\$0.0	10	5,924	D			
Common	Stock			01/06/2	2023				A		3,185(2)	1	4	\$0.0	10	9,109	D			
		Tal	ole II -								osed of, convertib				Owne	d		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	ion Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (II 3 and 4)		Str.	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	wnership orm:	Beneficial Ownership ct (Instr. 4)	
Code V (A) (D)					Date Exercis	able	Expiration Date	Title	Numb of Share											

## **Explanation of Responses:**

- 1. Represents restricted stock units ("RSU") granted to the reporting person on January 6, 2023. Each RSU represents a contingent right to receive one share of common stock. These RSUs shall vest 33.33% on January 6, 2024, and the remaining 66.67% shall vest in equal installments over the course of the following two years on a quarterly basis on each February 15th, May 15th, August 15th and November 15th, subject to the reporting person's continuous service through the applicable vesting date.
- 2. Represents portion of stock units granted to the reporting person on January 6, 2023 that will vest on December 31, 2025, subject only to the reporting person's continuous service through the vesting date. Each stock unit represents a contingent right to receive one share of common stock.

By: John L Brottem For: 01/09/2023

\*\* Signature of Reporting Person

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.