FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigtoii,	D.C.	20549

Check this box if no longer subject	STATI
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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	Direct Office	tor er (give title		10% Owner Other (specify	
(Last) (First) (Middle) 3052 ORCHARD DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2023							Λ	Chair and CEO							
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN JOSE CA 95134													X	, , ,					
(Chr) (Chr) (Zin)													Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rul	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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	Benef	icially	own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Date,			Oate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and Securities Beneficially Owned Following		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pr	ice		ction(s) and 4)			(Instr. 4)
Common	Common Stock 08/16/				023			S		3,028(1)	D	\$1	L5.1 ⁽²⁾	406,461			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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Security)		tion Date,	Code (Instr.		of Deriv	r osed) r. 3, 4	6. Date Expirat (Month	ion Da			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y D o (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	Code V (A) (D		(D)			Expiration Date	Title	Amou or Numb of Share	er					

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 5,891 shares of Common Stock underlying RSUs granted to the reporting person on March 15, 2021 and January 26, 2022. 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.
- 2. The sale price of the reporting person's shares represents the weighted average price of all shares sold by a broker on August 16, 2023 on behalf of a group of employees of the Issuer to satisfy the payment of withholding tax liability of such employees.

<u>By: John L Brottem For:</u> <u>Leslie Trigg</u>

08/17/2023

** 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.