SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

## 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

1. Name and Address of Reporting Person <sup>*</sup>				2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [ OM ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Brotter	<u>n John L.</u>				Outset Medical, me. [OM]							tor	10% C	Dwner		
				3. Date of Earliest Transaction (Month/Day/Year)						_	X Office below	er (give title v)	Other below	(specify )		
(Last) (First) (Middle) 3052 ORCHARD DRIVE					11/18/2022							General	l Counsel			
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN JO	SE CA	A 9	5134								X Form	filed by On	e Reporting Per	son		
			<b></b>								Form Perso		re than One Re	porting		
(City)	(St	ate) (2	Zip)													
		Table	I - Non-Deriva	ative Se	curities Acq	uired,	Disp	oosed of,	or Ber	efici	ally Own	ed				
			2. Transa Date (Month/D	ay/Year)	Execution Date,		ction Instr.				nd Securit Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	Code V Amou		(A) or (D) Price		Transa	ction(s) 3 and 4)				
Common Stock 11/18						S		1,918	D	\$1	9 3	1,044	D			
		Tal	ble II - Derivat (e.g., pi		urities Acqu s, warrants,							d				
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Ins	ransaction of Expiration Date Amou ode (Instr. Derivative (Month/Day/Year) Secur				7. Title an Amount of Securities	of S	8. Price of Derivative Security	9. Number derivative Securities	Ownership Form:	11. Nature of Indirect Beneficial		

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	8)		Secu Acqu (A) of Dispo of (D) (Instr and 5	ired r osed ) : 3, 4			Under Deriva Secur 3 and	ative ity (Instr.	(Instr. 5)	Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

John L Brottem

11/21/2022 \*\* 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.