FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
o Section 16. Form 4 or Form 5
obligations may continue. See
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

1. Name and Address of Reporting Person* Racine Jean-Olivier					2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]										ck all app Direc	tor	ng Per	10% Ov	wner
(Last) 3052 OR	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2023									belov	er (give title v) nief Techn	ology	Other (s below) y Officer	specify
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN JOS	SE CA	CA 95134													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication								on						
		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 - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	y Own	ed			
Date				2. Transad Date (Month/Da	exe Day/Year) if an		Deemed ecution Date, ny onth/Day/Year)		3. 4. Securitie Transaction Disposed (Code (Instr. 8) 5)			es Acquired (A Of (D) (Instr. 3,				ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)		Price	Reported (Instrict Instruction (Instrict Instrict				
Common Stock 11/16				11/16/	2023				s 79		790 ⁽¹⁾	I)	\$4.76	77,686 ⁽²⁾			D	
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			on 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)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	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 2,971 shares of Common Stock underlying RSUs granted to the reporting person on June 22, 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. Includes 1 share of Common Stock acquired pursuant to the Outset Medical, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the purchase period of March 1, 2023 to August 31, 2023. This transaction is exempt from Rule 16b-3(c).

By: John L Brottem For: Jean-Olivier Racine

11/17/2023

** 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.