FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Trigg Leslie (Last) (First) (Middle) 3052 ORCHARD DRIVE (Street) SAN JOSE CA 95134					3. D 03/0	2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) below)					
(City)	(Sta	te) (Z	Zip)												Person	.,		,	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Year) Execu		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficial Owned Fo		s ally ollowing	Form (D) o	: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transact	Reported Transaction(s) (Instr. 3 and 4)			(moti. 4)
Common Stock 03/0			03/01/2	023				M		30,000	A	\$.	3.88	442	442,451		D		
Common Stock 03			03/01/2	.023				S ⁽¹⁾		30,000	D	\$22.	1829 ⁽²⁾ 412		,451 ⁽³⁾		D		
Common Stock												8,770			I 1	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 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		Date	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		curity	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Constant of the constant of	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Nu of	mber ares					
Performance Options (right to buy)	\$3.88	03/01/2023			M			30,000		(4)	09/19/2027	Commo),000	\$0.0	10,50	8	D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 2, 2022.
- 2. The price reported in Column 4 is a weighted average price. The shares of common stock of the Issuer were sold in multiple transactions at prices ranging from: \$21.00 \$21.99 600 shares; \$22.00 \$22.99 29,400 shares. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold within the range set forth in this footnote.
- 3. Includes 1,422 shares of Common Stock acquired pursuant to the Outset Medical, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the purchase period of September 1, 2022 to February 28, 2023. This transaction is exempt from Rule 16b-3(c).
- 4. In March 2021, following the expiration of the lock-up period in connection with our initial public offering, the applicable performance and market-based vesting conditions were met and the shares underlying this stock option award became fully vested.

By: John L Brottem For: Leslie 03/02/2023 Trigg

** 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.