FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
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)

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* <u>Trigg Leslie</u>						2. Issuer Name and Ticker or Trading Symbol Outset Medical, Inc. [OM]									k all applic Directo	cable) or	g Pers	on(s) to Issu	ner		
(Last) 3052 OR	(Fi	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022							X Officer (give title below) Other (special below) Chair and CEO					pecify			
(Street)	SE C.	A	95134		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	,						
(City)	(S:		(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefici Owned F		es ially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3		tion(s)			Instr. 4)				
Common Stock			03/01/2	/01/2022				M		20,000	A	\$3	.88	331	1,613		D				
Common Stock				03/01/2	03/01/2022				S ⁽¹⁾		20,000	D	\$43.4	1873 ⁽²⁾	311,	613(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)																				
Security or Exercise (Month/Day/Year) if any				ion Date,		ansaction ode (Instr. 1		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		C	d. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Shar	iber							
Non- Qualified Stock Option (right to buy)	\$3.88	03/01/2022			M			20,000	((4)	09/19/2027	Common Stock	20,0	000	\$0.0	75,711	L	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 December 14, 2020.
- 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: \$42.00-\$42.99 3,394 shares; \$43.00-\$43.99 -12. The price track of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. Includes 500 shares of Common Stock acquired pursuant to the Outset Medical, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the purchase period of September 1, 2021 to February 28, 2022. This transaction is exempt from Rule 16b-3(c).
- 4. This option vested in 48 equal monthly installments beginning on October 19, 2017.

By: John L Brottem For: Leslie 03/02/2022 **Trigg**

** 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.