FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
١	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 7								
	nd Address of SMAN D	2. Issuer Name <b>and</b> Ticker or Trading Symbol Outset Medical, Inc. [ OM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023									er (give titl v)	е		(specify	
3052 OR	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)											X Form filed by One Reporting Person								
	SAN JOSE CA 95134												Form filed by More than One Reporting Person						
(City) (State) (Zip)						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	ecui	rities	Acc	uired,	Dis	posed of	, or E	Benefic	ially Owı	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execu	eemed ution Date, :h/Day/Year)					es Acquired (A) or Of (D) (Instr. 3, 4		Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)								
Common	023				A <sup>(1)</sup>		7,681	A	\$0.0	) 17	17,849		D						
Common									5,	5,186		I	Grossman Fam 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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ution 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 (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares								

## Explanation of Responses:

1. 100% of the shares underlying these RSUs will vest upon the earlier of (i) the one-year anniversary of the date of grant or (ii) the date of the Issuer's next Annual Meeting of Stockholders

By: John L Brottem For: D Keith Grossman

05/31/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.