FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

APPROVAI	

OMB Number:	3235-0287
Estimated average burde	n

0.5

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

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

### 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

affirmative defer 10b5-1(c). See I	nse conditions of Rule Instruction 10.	•				
1. Name and Address	ess of Reporting Pe	erson *	2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [ AUGX ]	(Check all	nship of Reporting Person applicable) Director	on(s) to Issuer
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024	X	Officer (give title pelow)  CHIEF STRATEC	Other (specify below)
C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300		E 1300	4. If Amendment, Date of Original Filed (Month/Day/Year)	I .	al or Joint/Group Filing	(Check Applicable Line)
(Street) SAN FRANCISCO	CA	94104	04/01/2024	I .	X Form filed by One Reporting Person Form filed by More than One Reporting Pe	

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code V Amount (A) or (D) Price (Instr. 3 and 4)			(Instr. 4)				
Common Stock	03/28/2024		M <sup>(1)</sup>		31,994	D	\$0.64	251,654	D	
Common Stock	03/28/2024		S <sup>(1)</sup>		31,994	D	\$4.0586(2)	219,660	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		or Dis	itive ities red (A) posed of str. 3, 4	Expiration Date (Month/Day/Year) ) of		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	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		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$0.64	03/28/2024		M <sup>(1)</sup>			31,994	(3)	06/03/2030	Common Stock	31,994	\$0	94,265	D	

#### **Explanation of Responses:**

- 1. This transaction was executed pursuant to a Rule 10b5-1 trading plan.
- 2. This transaction was executed in multiple trades ranging from \$3.9400 to \$4.1600. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range set forth herein.
- 3. Fully vested.

(City)

/s/ Todd Holvick, Attorney-in-Fact 04/09/2024

\*\* 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.