	SEC	Form	4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 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).

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 affirmative defense conditions of Rule 1055.1(c). Sea Instruction 10.

## 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

1000 1(0): 000 1130							
1. Name and Address of Reporting Person* Traylor Margie L.		on <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Augmedix, Inc.</u> [ AUGX ]		tionship of Reporting Pers all applicable) Director	Person(s) to Issuer 10% Owner	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024		Officer (give title below)	Other (specify below)	
C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	<ol> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ol>		
(Street) SAN FRANCISCO	СА	94104					
(City)	(State)	(Zip)					

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

	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)			Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	04/08/2024		Α		1,244(2)	Α	<b>\$4.02</b> <sup>(1)</sup>	101,206.75	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3A. Deemed 5. Number of 6. Date Exercisable and . Title and Amount of 8. Price of 9. Number of 11. Nature 3. Transaction 10. Derivative Security (Instr. 3) Transaction Code (Instr. Expiration Date (Month/Day/Year) Securities Underlying Derivative Security Conversion Date Execution Date Derivative Derivative derivative Ownership of Indirect Beneficial or Exercise (Month/Day/Year) Securities Securities if any Security Form: Price of (Month/Dav/Year) 8) Acquired (A) (Instr. 3 and 4) (Instr. 5) Beneficially Direct (D) Ownership or Disposed of (D) (Instr. 3, 4 and 5) Derivative Owned or Indirect (Instr. 4) (I) (Instr. 4) Security Following Reported Transaction(s) Amount (Instr. 4) or Number Date Expiration v (A) (D) Date Title Code Exercisable of Shares

Explanation of Responses:

1. These shares were issued under the Augmedix, Inc. 2020 Equity Incentive Plan.

2. Fully vested.

### /s/ Margie L. Traylor

\*\* Signature of Reporting Person

04/10/2024

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.