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

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#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Thit of Type Responses	)										
1. Name and Address of Traylor Margie L.	2. Issuer Name <b>and</b> Ticker or Trading Symbol Augmedix, Inc. [AUGX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
7650 EAST CHOLI	(First) LA DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 05/27/2021					Officer (give title below)Ot	her (specify belo	ow)	
SCOTTSDALE, AZ		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group FilingCheck Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security  2. Transaction    (Instr. 3)  Date    (Month/Day/Yea)			-	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership of Indi Form: Benefi	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

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)	Conversion	3. Transaction Date (Month/Day/Year)		Code	ion )	of Deriva Securitie Acquired or Dispos of (D)	. Number  6. Date Exercisable and    f Derivative  Expiration Date    ecurities  (Month/Day/Year)    xcquired (A)  r    r Disposed  f(D)    Instr. 3, 4,		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial	
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Employee Stock Option (right to buy)	\$ 5.5	05/27/2021		А		25,454		<u>(1)</u>	05/27/2031	Common Stock	25,454	\$ 0	25,454	D	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Traylor Margie L. 7650 EAST CHOLLA DRIVE SCOTTSDALE, AZ 85260	Х							

## Signatures

/s/ Margie L. Traylor	06/01/2021	
**Signature of Reporting Person	Date	

# **Explanation of Responses:**

\* 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).

(1) The option is granted under the Augmedix, Inc. (the "Issuer") 2020 Equity Incentive Plan. 1/12 of the options will vest monthly for one year, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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