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).

(D

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

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

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 Reporting Traylor Margie L.	2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) 7650 EAST CHOLLA DRIV		3. Date of Earliest Transaction (Month/Day/Year) 03/03/2022						Officer (give title below)Ot	her (specify belo	ow)	
(Street) SCOTTSDALE, AZ 85260	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check 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. Transact (Instr. 3) Date (Month/Date) 1.11111111111111111111111111111111111		2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Benefi	7. Nature of Indirect Beneficial Ownership	
			Code	V	Amount	(A) or (D)	Price	×	or Indirect (I) (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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)		Code	ion	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	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)	\$ 2.2	03/03/2022		А		10,182		Ш	03/03/2032	Common Stock	10,182	\$ 0	10,182	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	03/07/2022	
**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. The option will vest monthly in equal increments for three months, subject to the Reporting Person's provision of service to the Issuer on each vesting date, and will be fully vested on May 27, 2022.

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.