FORM 4

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

OMB APPRO	VAL
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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).

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

1 M														
1. Name and Address of Reporting Person * MCGRAW LAURIE			1	2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) (Middle) C/O AUGMEDIX, INC., 111 SUTTER STREET, SUITE 1300				3. Date of Earliest Transaction (Month/Day/Year) 03/10/2022						Officer (give	title below)	Other	(specify below)	
(Street) SAN FRANCISCO, CA 94104				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	ured, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution any	A. Deemed xecution Date, if	3. Tra Code (Instr.	saction 4. Securities Acquired (A) or Disposed of (D)		uired 5. A Ow. Trai	5. Amount of Securities Ber Owned Following Reported Transaction(s)		neficially 6	5. 7. 1 Ownership of Be	Nature Indirect eneficial	
				(Month/	onth/Day/Year)		le V	(A) or (D)	(Ins	str. 3 and 4)		c (Indirect (Ins	wnership nstr. 4)
								s who respond form are not re						74 (9-02)
			Table II	Doministi	vo Soonwit	ion A and	in this a curre	form are not re ntly valid OMB	equired to 3 control r	respond in number.				/4 (9-02)
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	4. Transac Code	5. Notes of Do Secution Acquired of (Do of (arrants umber erivative rities tired (A sposed	in this a curre	form are not rently valid OME osed of, or Beneforvertible securic tercisable and Date	equired to 3 control r ficially Ow	ned and Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Notes of Do Secution Acquired of (Do of (imber crivative rities ired (A sposed b) : 3, 4,	in this a curre uired, Disp options, co 6. Date Expiration (Month/D) Date Exercisab	form are not rently valid OMB osed of, or Beneforertible securi tercisable and a Date ay/Year) Expiration	ficially Ow ficially Ow ficially Ow fities) 7. Title an of Underly Securities	ned and Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MCGRAW LAURIE C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300 SAN FRANCISCO, CA 94104	X				

Signatures

/s/ Todd Holvick, Attorney-in-Fact	03/11/2022
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).

The option is granted under the Augmedix, Inc. (the "Issuer") 2020 Equity Incentive Plan. The option will vest monthly in equal increments for four years starting on March 9, 2022, subject (1) to the Reporting Person's provision of service to the Issuer on each vesting date, and will be fully vested on March 9, 2026.

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.