## FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * Ginocchio Paul					2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O AUGMEDIX, INC., 111 SUTTER STREET, SUITE 1300					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2021									X Officer (give title below) Other (specify below)  CHIEF FINANCIAL OFFICER					
(Street)					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					
SAN FRANCISCO, CA 94104 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date			saction /Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D) Beneficia		ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownershij (Instr. 4)				
Common	Stock		10/28/	2021					P		34,00	· /	\$ 4	68,000			D		
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis Price of Derivative Security			3A. Deemed Execution I		(e.g., puts, ca		5. Number of		ber vative rities ired or osed				7. Tit Amor Unde Secur	y Owned le and unt of rlying	nd 8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	of 10. Owners Form o Derivat Securit Direct o or Indii	f Benefi dive Owner y: (Instr.	
						Code	V	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares					
Repor	ting O	wners																	
					Relationships														
Reporting Owner Name / Address			Director	or 10% Owner		Officer						Othe	r						
Ginocchio Paul C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300 SAN FRANCISCO, CA 94104						СН	IIEF	FINA	ANC	CIAL C	FFICER								

### **Signatures**

/s/ Paul Ginocchio	11/01/2021
**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).

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.