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).

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

(Print or Type Responses)										
1. Name and Address of Reporting Per Krakaris Emmanuel	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) C/O AUGMEDIX, INC., 111 S STREET, SUITE 1300	(Middle) UTTER	3. Date of Earliest Transaction (Month/Day/Year) 10/28/2021					X_Officer (give title below) Other (specify below) PRESIDENT, CEO, AND SECRETARY			
(Street) SAN FRANCISCO, CA 94104	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 (Instr. 3)	2. Transaction Date 2. Transaction Date 2. Transaction Date 2. Transaction Date 2. Transaction Date 3. Transaction 4. Securities Acquire 2. Transaction Date 4. Securities Acquire 2. Transactis Acquire 2. Transactis Acquire 2. Transactis Acq		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. 7. Natur Ownership of Indire Form: Benefici Direct (D) Ownersh						
		(Wohu, Day, I cal)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	
Common Stock	10/28/2021		Р		37,500	Α	\$4	37,500	D	

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

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Persons who respond to the collection of information

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.... nute calle warrante antione nvortible co

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Numł	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							· · · · · · ·	or Indirect	
						Dispc							Transaction(s)	< / S	
						of (D)	,						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

			Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Krakaris Emmanuel C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300 SAN FRANCISCO, CA 94104	Х		PRESIDENT, CEO, AND SECRETARY			

Signatures

/s/ Paul Ginocchio, Attorney-in-Fact	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.