FORM 4

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

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

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 * Breber Sandra				2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]									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								ear)	X Officer (give title below) Other (specify below) CHIEF OPERATING OFFICER							
(Street) SAN FRANCISCO, CA 94104												y/Year)	5. 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								red, Disp	ed, Disposed of, or Beneficially Owned								
,		Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date any (Month/Day/Y		tte, if Code (Instr. 8			4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		and 5) (A) or	f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D or Indirec (I)	p of Be Ov	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			10/28	/2021				Code		V	Amount 12,500	+	` ′	Price § 4	2,500			(Instr. 4)		
(Instr. 3) Pr		3. Transaction Date (Month/Day/Y	ear) E	A. Deemed xecution Da	(e.g., p	e.g., puts, calls, was te, if Transaction Code (Instr. 8)		arrants, op 5.					ficially ities) 7. Tit Amo Unde Secur	ele and unt of erlying	and 8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	of 10. Owne Form Deriva Securi Direct or Ind	of ative ty: (D) irect	Ownershi (Instr. 4) D)	
						Code	V	(A)	(D)	Date Exer	cisable	Exp Dat	piration te	Title	Amount or Number of Shares					
Repor	ting O	wners																		
Director				10% Owner	I Officer						Oth	er								
Breber Sandra C/O AUGMEDIX, INC. 111 SUTTER STREET, SUITE 1300 SAN FRANCISCO, CA 94104			CHIEF OPERATING OFFICER																	

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.