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)															
Name and Address of Reporting Person* Traylor Margie L.				2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
(Last) (First) (Middle) 7650 EAST CHOLLA DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/26/2021							-	Office	r (give title belo	ow)	Other (specify	pelow)
(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 PersonForm filed by More than One Reporting Person						
(City		(State)	(Zip)		Т	able I	- Noi	ı-De	rivative	Secur	rities A	Acquii	red, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, any	Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)				Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial			
			(Month/Day/Year)		Co	ode	V	Amou		(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		10/26/2021			I)		900	A		\$ 3.59	900			D	
Common Stock			11/12/2021			I)		1	A	A	\$ 4	901		D		
Common	Stock		11/12/2021			I)		1,495.	31 A		\$ 4.01	2,396.3	1		D	
Reminder:	Report on a s	separate line fo	or each class of secu					Pers con the	sons wi tained i form di	ho re in this splay	s forn ys a c	n are urren	not requ tly valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
				Derivative (e.g., puts,			-		-				y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Day (Year) any	rte, if Transaction Code Year) (Instr. 8)		Number a		and (Mo	Date Exercisable and Expiration Date Month/Day/Year)		Amo Unde Secur	: 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	
				Coo	le V	(A)	(D)	Dat Exe	e ercisable		ration	Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Traylor Margie L. 7650 EAST CHOLLA DRIVE SCOTTSDALE, AZ 85260	X					

Signatures

/s/ Margie L. Traylor	11/17/2021
**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.