FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 Type Responses) 1. Name and Address of Reporting Person * Traylor Margie L.			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						
C/O AUGI SUITE 130		(First) NC., 111 SUTT		3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022				Officer (giv	ve title below)	Oth	er (specify belo	ow)			
(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)		,	Table I -	Non-De	erivative	e Securitio	es Acquired	, Disposed	of, or Bene	eficially Owr	ed	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	(Instr. 8)		(A) or Dis		of (D) Own Trai	5. Amount of Section Owned Following Transaction(s)		d	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Monul/Da	ay/1 car)	Code	V	Amoun	(A) or (D)	Price	(I)		or Indirect		
Reminder: Re	eport on a se	parate line for each		Derivative	Securit	ies Acqu	Perso conta form	ons who	n this for ys a curr of, or Ben	ently valid	required OMB co	to respond	d unless the		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - 3A. Deemed Execution Date,	Derivative (e.g., puts, 4. Transac: Code	Securit calls, wa 5. N tion of I Sec or I of (ies Acquarrants, Number Derivativ urities quired (A Disposed D) str. 3, 4,	Persoconta form ired, Dispetions, 6. Data and Ex (Mont	ons who ained in display sposed of converted Exercise	n this for ys a curr of, or Ben- tible secur isable n Date	m are not ently valid eficially Ov	required OMB convined Amount	to respond ntrol numb	d unless the	f 10. Owners Form of Derivati Security Direct (or Indire	11. Naturnip of Indire Benefici ove Ownersh (Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, any	Derivative (e.g., puts, 4. Transac: Code	Securit calls, wa calls, wa of 1 Sec or I of ((Ins and	ies Acquarrants, Number Derivativ urities quired (A Disposed D) str. 3, 4,	Persoconta form ired, Dispetions, 6. Data and Ex (Mont)	ons who ained in display sposed of converting exercite exercite expiration with/Day/Y	n this for ys a curr of, or Ben tible secur isable n Date Year)	m are not ently valid eficially Ow rities) 7. Title and of Underly Securities	required OMB convined Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct (or Indire	11. Nature of Indirect Beneficie (Instr. 4)

Reporting Owners

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

Signatures

/s/ Margie L. Traylor	06/21/2022
**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 Restricted Stock Unit ("RSU") is granted under the Augmedix, Inc. (the "Issuer") 2020 Equity Incentive Plan. Each RSU represents a contingent right to receive one share of Issuer's common stock.

(2) The RSU will vest in full on the one-year anniversary of June 16, 2022, so long as the Reporting Person remains a director on such date.

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.