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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Breber Sandra					2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]										tionship of R all applicabl Director		erson(s) to Issuer 10% Ow	/ner
(Last) C/O AUGME	(First)	1)	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2023									X	Officer (gi below) CHIEF		TING	Other (specify below) G OFFICER		
111 SUTTER STREET, SUITE 1300					4. If Amendment, Date of Original Filed (Month/Day/Year)									- 1	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) SAN FRANCISCO (City)	ISCO CA 94104 (State) (Zip)												Form filed by More than One Reporting Person				g Person		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securi Disposed Octobe (Instr. r) 8)						nd 5) Securities Beneficiall Following		Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(4	(A) or (D)	Price	Transaction (Instr. 3 and				(Instr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de	v	(A)	(D)	Date Exercisab		xpiration ate	OI N		Amount or Number of Shares		Transaction(s) (Instr. 4)			
Employee Stock Option (right to buy)	\$1.79	02/18/2023		I	A		70,000		(1)	0	2/18/2033	Comi		70,000	\$0	70,000		D	

Explanation of Responses:

1. The option is granted under the Augmedix, Inc. (the "Issuer") 2020 Equity Incentive Plan. The option will vest monthly in equal increments over four years starting on the grant date, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

/s/ Todd Holvick, Attorney-in-Fact 02/22/2023

** Signature of Reporting Person Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.