FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number: 3235-0							
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

Name and Address of Reporting Person* Ginocchio Paul					2. Issuer Name and Ticker or Trading Symbol Augmedix, Inc. [AUGX]										tionship of R all applicabl Director		erson(s	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			Other (s below) OFFICEF		
111 SUTTER STREET, SUITE 1300					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN FRANCISCO (City)			4104 Zip)									X	Form filed by More than One Reporting Person				g Person		
(Oily)	(Otato	<u> </u>	able I - Nor	n-Deriv	 vativ	re S	ecuritie	s Acc	uired, [Disp	osed of	, or Be	enefic	ially Ow	ned				
Date					ansaction hth/Day/Year)		2A. Deem Execution if any (Month/Da	n Date,	Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 are t			5. Amount Securities Beneficially Following F Transaction (Instr. 3 and	y Owned Reported (Instruction)		Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (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	se (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 Transaction(s)		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	Title		Amount or Number of Shares		(Instr. 4)	ni(s)		
Employee Stock Option (right to buy)	\$1.79	02/18/2023		1	A		60,000		(1)	0	2/18/2033	Comm		60,000	\$0.00	60,000		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.