Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	IIP
--	-----

OMB APPE	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* <u>CULP H LAWRENCE JR</u>						2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 500 WES	(Fir	est) (I DE STREET	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024								belov		below)				
(Street)			50661		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Trans		2. Transac Date (Month/Da	ction 2A. Exe		ZA. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	a) or	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock, par	value \$0.01 per	share	05/21/2	2024		Α		2,440(1)(2)	A	\$0 6		4,074	D				
Common Stock, par value \$0.01 per share												1,271		I		By family trusts			
Common Stock, par value \$0.01 per share													70	70,402			By holding company		
		Tal	ble II -								osed of, convertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)	ction	5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ow For Oir Or (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V (A) (D)		Date Exercis	able	Expiration Date	Amour or Number of Title Shares		nber						

Explanation of Responses:

1. Award of restricted stock units with respect to GE HealthCare Technologies Inc. ("GE HealthCare") common stock, of which 100% will vest on the earlier of: (i) the date of GE HealthCare's next annual meeting of stockholders and (ii) May 21, 2025. Settlement of vested restricted stock units may be deferred by the director, in which case, settlement will occur pursuant to the director's applicable deferral election in accordance with GE HealthCare's Non-Employee Director Compensation and Benefits Plan.

 $2. \ Each \ restricted \ stock \ unit \ represents \ the \ right \ to \ receive, \ at \ settlement, \ one \ share \ of \ GE \ Health Care \ common \ stock.$

Remarks:

/s/ Frank R. Jimenez, General

<u>Counsel and Corporate</u> <u>Secretary, as attorney-in-fact</u> 05/23/2024

** 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.