FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
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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).

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*     O'Neill Kevin Michael					2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [ GEHC ]								(Che	ck all applic	cable) or	g Pers	son(s) to Iss 10% Ov Other (s	/ner		
(Last) 500 W. N	(Fi MONROE S	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023										Officer (give title below)		below)	pecity	
(Street) CHICAC			60661 (Zip)		- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	vative	e Se	curities	s Ac	quired	, Dis	posed o	of, or B	enef	icially	Owned					
Date							2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 4 and 5)		es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$0.01 per share 03/					/2023	3			Α		3,652(1)	)(2) A		\$ <mark>0</mark>	28,431			D		
Common Stock, par value \$0.01 per share 03/0				1/2023	2023			F		1,309(	3) D		\$75.3	27	,122		D			
Common Stock, par value \$0.01 per share 03/0				03/02	2/2023	/2023			F		763(3)	) D	5	\$75.04	26	,359		D		
		-	Table II -								osed of, convertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber ares						
Employee Stock Option (right to buy)	\$75.3	03/01/2023			A		10,188		(4)		03/01/2033	Commor Stock, par value \$0.01 pe share	10	,188	\$0 <sup>(4)</sup>	10,188	8	D		

## **Explanation of Responses:**

- 1. Award of restricted stock units with respect to GE HealthCare Technologies Inc. ("GE HealthCare") common stock, of which 33% will vest on September 1, 2024, 33% will vest on September 1, 2025, and 34% will vest on September 1, 2026.
- 2. Each restricted stock unit represents the right to receive, at settlement, one share of GE HealthCare common stock.
- 3. Withholding of shares of GE HealthCare common stock to satisfy tax withholding obligations in connection with the vesting of restricted stock units.
- 4. Award of an employee stock option with respect to GE HealthCare common stock, of which 33% will become exercisable on September 1, 2024, 33% will become exercisable on September 1, 2025, and 34% will become exercisable on September 1, 2026.

## Remarks:

/s/ Frank R. Jimenez, General

Counsel and Corporate 03/03/2023

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Secretary, as attorney-in-fact

\*\* 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.