FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Holton Adam Y					2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 500 W. MONROE STREET						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024								_ [Officer (give title below) Chief People Officer				specify
(Street) CHICAC			60661 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person									n				
		Tab	ole I - Noi	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or I	Bene	ficiall	y Owned				
111110 01 00001119 (1110111 0)				2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					es ally Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	1)	A) or D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock, par value \$0.01 per share 08/15/					5/202	2024		A		4,396 ⁽¹⁾⁽²⁾ A		\$0	\$0 4,396		D				
Common Stock, par value \$0.01 per share 08/15				/2024		A		8,499 ⁽²⁾⁽³⁾ A		\$0	\$0 12,895		D						
		•	Table II -								osed of, onverti				Owned		,		
Security (Instr. 3) Or Exerc Price of Derivati	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, 1	4. Transa Code (3)		of		6. Date Exercisal Expiration Date (Month/Day/Year)	of Sec Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	O N O	lumber					
Employee Stock Option (right to	\$85.3	08/15/2024			Α		13,293		(4)	0	08/15/2034	Comm Stock par val \$0.01	ue 1	3,293	\$0 ⁽⁴⁾	13,29	3	D	

Explanation of Responses:

- 1. Award of restricted stock with respect to GE HealthCare Technologies Inc. ("GE HealthCare") common stock, of which 33% will vest on September 1, 2025, 33% will vest on September 1, 2025, 33% will vest on September 1, 2027, subject to certain conditions.
- 2. Each restricted stock unit represents the right to receive, at settlement, one share of GE HealthCare common stock.
- 3. Award of restricted stock with respect to GE HealthCare common stock, of which 50% will vest on August 15, 2026, and 50% will vest on August 15, 2027, subject to certain conditions.
- 4. Award of an employee stock option with respect to GE HealthCare common stock, of which 33% will become exercisable on September 1 2025, 33% will become exercisable on September 1, 2026, and 34% will become exercisable on September 1, 2027, subject to certain conditions.

Remarks:

buy)

/s/ Frank R. Jimenez, General

share

Counsel and Corporate

08/19/2024

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.