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

Washington,	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response.	0.5								

					or Section 30(h) of the Investment Company Act of 1940								Table is the second of the						
1. Name and Address of Reporting Person* <u>LESJAK CATHERINE A</u>				2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)	(F	rst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024									er (give title		Other (specify below)		
500 W. MONROE STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Forn	n filed by On	e Rep	oorting Pers	son	
CHICAC	GO II	,	6	0661										Form filed by More than One Reporting Person					
(City)	(S	tate)	(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	ecu	rities Acq	uired	, Dis	posed of,	or Ben	efici	ally Owr	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec if any	Deemed ution Date, y oth/Day/Year)	3. Transaction Code (Instr. 8)					nd Secur Benef Owne	5. Amount of Securities Beneficially Owned Following		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)	
Common Stock, par value \$0.01 per share 05/21				05/21/2	/2024			A		2,440(1)(2)	A	A \$0		6,024		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Tra	ansaction	3A. Dec	emed	4. 5. Number			6. Date	. Date Exercisable and 7. Title and			ıd	8. Price of	9. Number	of	10.	11. Nature	

Explanation of Responses:

Date

(Month/Day/Year)

Conversion

or Exercise

Price of

Security

Derivative

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.

Date

Exercisable

Expiration Date

(Month/Day/Year)

Expiration Date

2. Each restricted stock unit represents the right to receive, at settlement, one share of GE HealthCare common stock

Execution Date.

if any (Month/Day/Year)

Transaction

Code (Instr.

Code ٧ Derivative

Securities

Acquired

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

Remarks:

Derivative

Security (Instr. 3)

/s/ Frank R. Jimenez, General Counsel and Corporate

Amount of

Underlying

Security (Instr. 3 and 4)

Amount Numbe

of Shares

Securities

Derivative

Title

Derivative

Security (Instr. 5)

derivative

Securities

Following Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

Ownership

Direct (D)

or Indirect (I) (Instr. 4)

Form:

of Indirect Beneficial

Ownership

(Instr. 4)

05/23/2024

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.