FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington	, 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

4 11		0.			2 les	uer N	ame a	nd Tick	or or Tra	ndina	Symbol			5 Pal	ationehir	of Penortin	na Person(s) to le	cuar
Name and Address of Reporting Person* Kass-Hout Taha				2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Kass-Hout Talla															Direc	10% Owner			
(Lank) (First) (Mid II.)						3. Date of Earliest Transaction (Month/Day/Year)									Officer (give title Other (sp below) below)				specify
(Last) (First) (Middle) 500 W. MONROE STREET					09/0	09/01/2024								Chief Technology Officer					
300 W. IV	MONKOE S	TREET																	
(Street)					4. If /	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)	6. Ind Line)	ividual o	r Joint/Grou	Filing (Ch	eck A	pplicable
CHICAG	GO IL	6	0661											V.	Form	filed by One	e Reporting	Perso	on
,												-	Form filed by More than One Reporting				orting		
(City)	(St	ate) (2	Zip)			Person									on				
		Table	I - Nor	n-Deriva	tive S	Secu	rities	s Δca	uired	Dis	posed of	or F	Rene	ficially	v Own	ed			
1 Title of S	Security (Inst		1 110	2. Transac		_	Deeme		3.		4. Securitie	•			_	ount of	6. Owners	nin T	7. Nature
Date						Exec if an	Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D) (Ins 5)		nstr. 3	, 4 and	Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or F	rice		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.01 per share 09/01/				09/01/2	2024		F		1,598(1)	Г	, (84.82	65,702		D				
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		te Amount of		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Withholding of shares of GE HealthCare Technologies Inc. common stock to satisfy tax withholding obligations in connection with the vesting of restricted stock units.

Remarks:

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

09/04/2024

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.