## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## 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

1. Name and Address of Reporting Person <sup>*</sup> Jimenez Frank R			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>GE HealthCare Technologies Inc.</u> [ GEHC ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) 500 W. MONI	(First) ROE STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023	X     Oncer (give nice     Oncer (specify       below)     below)     below)       GC & Corporate Secretary
(Street)			<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
CHICAGO         IL         60661			_	Form filed by More than One Reporting Person
		Table I - Non-Deri	vative Securities Acquired, Disposed of, or Benefi	icially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.01 per share	03/01/2023		Α		11,620(1)(2)	Α	\$ <mark>0</mark>	76,328	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$75.3	03/01/2023		A		32,419		(3)	03/01/2033	Common Stock, par value \$0.01 per share	32,419	(3)	32,419	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. 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:** 



03/03/2023

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.