Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

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* Mihaljevic Tomislav					2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]									ck all app	licable)	ng Person(s)	to Issuer % Owner				
(Last)	(Fir	est) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024									Office below	er (give title /)		er (specify ow)			
500 W. MONROE STREET					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	X Form filed by One Reporting Person						
CHICAC	GO IL	6	60661												Form Perso		re than One	Reporting			
(City) (State) (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	ative S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	eficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Deeme cution I y ith/Day	Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 and	5. Amo Securit Benefic Owned Report	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect					
									v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)		(111341. 4)				
Common Stock, par value \$0.01 per share 05/21/2					2024				A		2,440(1)(2	2)	A	\$ <mark>0</mark>	6	,024	D				
		Tal	ole II -								osed of, convertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			emed ion Date, /Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or Indii (I) (Inst	D) Beneficial Ownership ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar								

Explanation of Responses:

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.

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

Remarks:

/s/ Frank R. Jimenez, General

Counsel and Corporate 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.