FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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* <u>Giglietti Robert M.</u>			2. Date of E Requiring S (Month/Day 12/08/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol  GE Healthcare Holding LLC [ GEHC ]						
(Last) 500 W. MO (Street) CHICAGO (City)	(First) NROE STR	(Middle) EET 60661 (Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give Other (speed title below) below)  See Remarks			wner (specify	fy  5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						of Securities y Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
(,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi (Instr. 4)			4. Convers or Exerc	rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title		Amount or Securi Number of Shares		ive or Indirect		5)

Explanation of Responses:

## Remarks:

President, Treasurer and Sole Manager

No securities are beneficially owned.

/s/ Robert M. Giglietti 12/08/2022

\*\* Signature of Reporting Person

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 5 (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.