FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per reenonce.	0.5								

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

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* REED JAN STERN					<u>AV</u>	2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [RCEL] 3. Date of Earliest Transaction (Month/Day/Year)										eck all appli Directo Officer	or (give title		10% Ow Other (s	vner	
(Last) (First) (Middle) C/O AVITA MEDICAL 28159 AVENUE					-	06/05/2024									6 In	below) below)					
STANFORD					4. "	If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line)					
SUITE 220 - AVITA MEDICAL																Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)					<u> </u>	Person															
VALENCIA CA 91355				Rι	Rule 10b5-1(c) Transaction Indication																
(City) (State) (Zip)					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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Di						Execution Da			Code (4 and Securitie Benefici Owned I		es Formially (D) (Following (I) (I		r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									•	Code	v	Amount	(A) or (D) Pr		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 06/05/					/2024					Α		9,200	9,200 A		(1)	40,989(2)			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 D if any (Month/Day/	ate,	4. Transactio Code (Inst 8)				6. Date Exercisable a Expiration Date (Month/Day/Year)				and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		curity	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	٧	(A)	(D)	Date Exe	e ercisable	Ex Da	piration ite	Title	or Nu of	mber ares						
Stock Options (Right to Buy)	\$9.51	06/05/2024			A		3,943		06/0	/05/2025	06	/05/2034	Common Stock	3,	,943	\$0	3,943		D		

Explanation of Responses:

- 1. Represents an award of RSUs, each representing a contingent right to be issued one share of Common Stock, that are subject to time-based vesting criteria. These RSUs vest on the date 12 months following the grant date.
- 2. Includes unvested RSUs.

/s/ Donna Shiroma

06/06/2024

** 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.