FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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	2. Date of Eve Requiring Stat (Month/Day/Ye 07/01/2021	itement 'ear)	3. Issuer Name and Ticker of <u>AVITA Medical, In</u>		,		
(Last) (First) (Middle) C/O AVITA MEDICAL, INC. 28159 AVENUE STANFORD, SUITE 220 (Street) VALENCIA CA 91355 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C) Wner (specify	A Person	vint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
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1. Title of Security (Instr. 4)	ister Home	2.	. Amount of Securities seneficially Owned (Instr.	3. Owner Form: [(D) or li	ership Direct ndirect	4. Nature of Indire Ownership (Instr.	
1. Title of Security (Instr. 4)	Table II - Dei	2. B 4) rivative	. Amount of Securities seneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Inst	ership Direct ndirect r. 5)	Ownership (Instr.	
1. Title of Security (Instr. 4)	Table II - Dei	rivative , warran	. Amount of Securities leneficially Owned (Instr.) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute Securities	ership Direct ndirect r. 5)	Ownership (Instr. 5. ion Ownership ise Form:	

Explanation of Responses:

Remarks:

No shares beneficially owned.

No securities are beneficially owned.

/s/ Donna Shiroma, by power of attorney

07/01/2021

** 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 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.

(For Executing Form ID and Forms 3, 4 and 5)

Know all by these presents, that the undersigned hereby constitutes and appoints Donna Shiroma of AVITA Medical, Inc. (the "Company") and Jonathan Miner and Coleman Wombwell of K&L Gates LLP, signing individually, the undersigned's true and lawful attorneys in fact and agents to:

- (1) Prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the Securities and Exchange Commission (the "SEC") a Form ID, Uniform Application for Access Codes to File on EDGAR, including amendments thereto, and any other documents necessary or appropriate to obtain codes and passwords enabling the undersigned to make electronic filings with the SEC of reports required by Section 16(a) of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or any rule or regulation thereunder;
- (2) Prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the SEC Forms 3, 4 and 5 (including amendments thereto and joint filing agreements in connection therewith) in accordance with Section 16(a) of the Exchange Act and the rules thereunder in the undersigned's capacity as an officer, director or beneficial owner of more than 10% of a registered class of securities of the Company;
- (3) Do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to prepare and execute any such Form 3, 4 or 5 (including amendments thereto and joint filing agreements in connection therewith) and file such forms with the SEC and any stock exchange, self-regulatory association or any similar authority; and
- (4) Take any other action of any type whatsoever in connection with the foregoing that, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required of the undersigned, it being understood that the documents executed by the attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as the attorney-in-fact may approve in the attorney-in-fact's discretion.

The undersigned hereby grants to such attorney in fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney in fact, or such attorney in fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorney-in-fact, and their substitutes, in serving in such capacity at the request of the undersigned, are not assuming (nor is the Company assuming) any of the undersigned's responsibilities to comply with Section 16 of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, (b) revocation by the undersigned in a signed writing delivered to the Company and the foregoing attorneys in fact or (c) as to any attorney-in-fact individually, until such attorney-in-fact is no longer employed by the Company or K&L Gates LLP, as applicable.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of the date written below.

Date: July 1, 2021

By: /s/ Jan Stern Reed Name: Jan Stern Reed