| SEC Form 4 | | | | | | | | | | | | | | | | |
|---|---------|--|--|---|--|-----------|--|-------------|---------------|--|---|---|--------------|--|--|--|
| FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | UNITE | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| | | STA | TEMEN Filed | ES | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Vance Cary Guy | | | | | er Name and Ticke <u>TA Medical,</u> | | | | | 5. Relationship of Reporting Person(S) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) | (First) | (Middle) | | 3. Date 06/06 | e of Earliest Transa /2023 | ction (Mc | onth/E | Day/Year) | | IERSHIP OMB APPROVAL 4 OMB Number: 3235-028 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 0 X Director 10% Owner Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person o a contract, instruction or written plan that is intended to nstruction 10. ficially Owned (A) or 3, 4 and Price 5. Amount of Securities Beneficially Owned Following (Instr. 3 and 4) 6. Ownership Form: Direct (0) (Instr. 4) 7. Nature Ownership (Instr. 4) | | | | | | |
| C/O AVITA MEDICAL, INC. 28159 AVENUE STANFORD, SUITE 220 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| (Street) VALENCIA | CA | 91355 | | | | | d by More than One Reporting | | | | | | | | | |
| (City) | | 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 | tive S | ecurities Acq | uired, I | Disp | oosed of, o | r Bene | eficially | Owned | | | | | |
| Da | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (5) | | | Securities Beneficially Owned Followin | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) | | (1150.4) | | | |
| Common Stock | | | 06/06/2 | 2023 | | А | | 10.374(1) | A | (2) | 10.374 ⁽³⁾ | D | | | | |

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

A

6,175⁽¹⁾

A

(4)

| 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. Transaction Code (Instr. 8) Code (Instr. 4) Code (Instr. 3, 4 and 5) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative es d (A) sed str. | 6. Date Exerc Expiration Da (Month/Day/) | ate | 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Stock Options (Right to Buy) | \$14.17 | 06/06/2023 | | A | | 4,4 46 ⁽¹⁾ | | (5) | 06/06/2033 | Common Stock | 4,446 | \$0.00 | 4,446 | D | |
| Stock Options (Right to Buy) | \$14.17 | 06/06/2023 | | A | | 2,646 ⁽¹⁾ | | (6) | 06/06/2033 | Common Stock | 2,646 | \$0.00 | 2,646 | D | |

Explanation of Responses:

Common Stock

1. The reporting person may elect to acquire the Issuer's CHESS Depositary Interests ("CDIs") in place of common stock upon vesting of a Restricted Stock Unit ("RSU") or exercise of a Stock Option. CDIs are units of beneficial ownership in shares of common stock of the Issuer that are publicly traded on the Australian Securities Exchange (the "ASX") and held by CHESS Depositary Nominees Pty, Limited, a subsidiary of ASX Limited, the company that operates the ASX. Five CDIs are equivalent to one share of common stock and have all the rights and privileges of common stock.

2. 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 in three equal annual installments beginning on the date 12 months following the grant date.

3. Includes unvested RSUs.

4. 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.

5. These Stock Options vest in three equal annual installments beginning on the date 12 months following the grant date.

6. These Stock Options vest on the date 12 months following the grant date.

Remarks:

<u>/s/ Donna Shiroma, by power</u> of attorney

06/08/2023

16,549⁽³⁾

D

** 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 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).

06/06/2023

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.