FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20040

STATEMENT	OF	CHANGES	IN BENE	FICIAL	OWNERSHIP
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OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response:	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* Shiroma Donna				_ <u>A</u>	2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [RCEL]							(Chec	k all applica Director	tionship of Reporting all applicable) Director Officer (give title		10% Ow	mer		
(Last) 28159 A	(F VENUE ST	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/30/2023								X	below)	General C	Cour	Other (specify below)	
SUITE 220 - AVITA MEDICAL					4.	If Ame	endment, [Date of	f Original F	iled	(Month/Da	y/Year)		Line)		·		(Check App	
(Street) VALENC	CIA C	A	91355										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1	
(City)	(S	tate)	(Zip)		R	lule	10b5-1	1(c)	Transa	acti	on Ind	ication							
									ate that a treconditions						instruction of	or written pl	an that	is intended to	satisfy
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Tran- Date (Month				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				1 and 5) Securitie Beneficia Owned F		s Formulay (D) (ollowing (I) (I		: Direct I Indirect E str. 4)	7. Nature of ndirect Beneficial Dwnership				
								Code	v	Amount (A) or (D)		Pric	е	Reported Transaction(s) (Instr. 3 and 4)		(1)		Instr. 4)	
Common Stock 11/.					30/202	23			A		1,469	(1) A	A \$9.06 ⁽¹⁾ 43,726 ⁽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	se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate,	4. Transa Code (I 8)		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)			d 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)		Date Exercisabl		xpiration ate	Title	Amour or Number of Shar	er		Transacti (Instr. 4)	on(s)	(3)	
Stock Options (Right to Buy)	\$12.64	01/03/2024			A		100,000		(3)	0	1/03/2033	Common Stock	100,0	000	\$0 100,0		00	D	

Explanation of Responses:

- 1. These shares were acquired under the AVITA Medical, Inc. Employee Share Purchase Plan ("ESPP") for the ESPP purchase which began July 1, 2023 and ended November 30, 2023 in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c). In accordance with the terms of the ESPP, these shares were purchased at a price equal to 85% of the fair market value closing price of the Company's stock on November 30, 2023 (the purchase date of the offering period).
- 2. Includes unvested RSUs
- 3. These Stock Options vest in three equal annual installments beginning the first anniversary of the grant date.

01/05/2024 /s/ Donna Shiroma

** 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.