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 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

					OI v	Secu	011 30(11)	or the	inves	simeni (	JOIII	pany Act	01 1940								
l	nd Address of		2. Issuer Name <b>and</b> Ticker or Trading Symbol AVITA Medical, Inc. [ RCEL ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
McNamara Robert																Director	or		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024										Officer below)	(give title		Other (s below)	specify	
C/O AVITA MEDICAL 28159 AVENUE STANFORD							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SUITE 220																Form filed by One Reporting Person					
SUITE 220																Form filed by More than One Reporting Person					
(Street)						Rule 10b5-1(c) Transaction Indication															
VALENCIA CA 91355					Rι	ule	10b5-	1(c)	) Tra	ansa	cti	on Ind	licatio	n							
(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.															d to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)						ear)	Execution if any	A. Deemed execution Date, fany Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Dispose	rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			Benefici Owned I	es ally Following	s Form Ily (D) o ollowing (I) (Ir		7. Nature of Indirect Beneficial Ownership	
									c	Code	,	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 06/05/						4				A		9,200 A		\	(1)	25,	25,749(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. Deemee Execution I if any (Month/Day	Date,	4. Transa Code (I				6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	) rcisable	Ex Da	piration ate	Title	or No	umber						
Stock Options (Right to Buy)	\$9.51	06/05/2024			A		3,943		06/0:	05/2025	06	5/05/2034	Common Stock	3	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.

06/06/2024 /s/ Donna Shiroma

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.