SEC For																					
FORM 4 UNITED STA						TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						uant	CHAI to Section on 30(h)	n 16(a) of the	Secu	SHIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5									
1. Name and Address of Reporting Person [*] Crowe Suzanne						2. Issuer Name and Ticker or Trading Symbol <u>AVITA Medical, Inc.</u> [RCEL]										Relationship neck all appli X Directo	cable)	Reporting Person(s) to Issuer ole) 10% Owne			
(Last) (First) (Middle) C/O AVITA THERAPEUTICS, INC.					- 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2022											Officer (give title Other (specify below) below)					
28159 AVENUE STANFORD, SUITE 220					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or of Line)										Joint/Group Filing (Check Applicable					
(Street) VALENCIA CA 91355																X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)																				
		Tab	le I - Noi	n-Deriv	ative	e Se	curitie	s Ao	cquire	d, D	isp	osed o	of, o	r Ber	eficia	lly Owned	k				
1. Title of Security (Instr. 3) 2. Trans Date (Month/						ar)	2A. Deemed Execution Date, f any (Month/Day/Year)		Co	Transaction Code (Instr.						4 and Securities Beneficiall Owned Fol		Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Cod	de V	,	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 12/12					/2022	2022			А			12,58	12,589 A		(1)	21,051 ⁽²⁾⁽³⁾			D		
		T		Derivat (e.g., p												y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	I. Fransa Code (1 3)			itive ities red sed 3, 4	Expirat	6. Date Exercisab Expiration Date (Month/Day/Year)			le and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e Ownersl s Form: Illy Direct (E or Indire g (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Ex Da	piration ate	Title		Amount or Number of Shares						

\$6.95 (Right to Buy)

Explanation of Responses:

1. Represents an award of Restricted Stock Units ("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.

(4)

2. Includes 20,560 of the Issuer's CHESS Depositary Interests ("CDIs"). 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. The Reporting Person's 20,560 CDIs translate into 4,112 of the shares of Common Stock set forth above.

3. Includes unvested RSUs.

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

12/12/2022

Remarks:

Stock

Options

/s/ Donna Shiroma, by power of attorney

5,395

\$<mark>0.00</mark>

12/12/2032

Common Stock

12/14/2022

5,395

D

** 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).

A

5,395

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.