FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Cross to Surround					2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [RCEL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Crowe Suzanne</u>										,			X	Direc	tor		10% O	wner		
(Last) (First) (Middle) C/O AVITA THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/20/2021									Office belov	Officer (give title elow)		Other (below)	specify	
28159 AVENUE STANFORD, SUITE 220					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)			4055										٦	X Form filed by One Reporting Person					on	
VALENO 	CIA CA	A 9	1355												Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				·	Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 1)				nd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Trans		action(s) 3 and 4)			(111511. 4)		
Common Stock 09/20/20					021				P		1,066(1)	A	\$17.0	7.08(2)		4,112 ⁽³⁾		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)	ative Conversion Date rity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		ate Year)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares							

Explanation of Responses:

- 1. Reflects 5,330 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 the Issuer's common stock and have all the rights and privileges of common stock.
- 2. The purchase price was converted from A\$4.72, using the exchange rate as in effect on the date of the transaction, and reflects the 5:1 consolidation ratio applied in converting CDIs to shares of the Issuer's common stock.
- $3. \ The \ Reporting \ Person \ holds \ 20{,}560 \ CDIs, which \ translate \ into \ the \ 4{,}112 \ shares \ of \ common \ stock \ set \ for th \ above.$

Remarks:

/s/ Donna Shiroma, by power of attorney

09/21/2021

** 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 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.