FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	DC	20549	
vasilington,	D.C.	20343	

STATEMENT OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 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* <u>Ekins Sean</u>						2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [ RCEL ]								eck all appli Directo	or 10% Ow		ner	
(Last)	(FI	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023								X Officer (give title below) Other (specify below)  Interim CFO					
28159 AVENUE STANFORD, SUITE 220				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) VALENCE	CIA C	A	91355												iled by Mor		orting Persor n One Repor	
(City)	(S	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication												
									icate that a tra defense cond						on or written	n plan t	hat is intende	d to
		Tab	le I - Noi	n-Deriv	ative	Sec	curities	Ac	quired, D	ispo	sed o	f, or Be	neficial	ly Owned	i			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			Code (Ins	Transaction Disposed C		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Benefici	es ally Following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v /	Amount	(A) o (D)	Price	Transac	ansaction(s) nstr. 3 and 4)			msu. 4)
		Т							uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion Otate (Month/Day/Year)  Or Exercise Price of Derivative Security  Or Exercise (Month/Day/Year)  Or Exercise (Month/Day/Year)  Or Month/Day/Year)  I A. Deemed Execution Date, if any (Month/Day/Year)			Date,		ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expi Date	iration e	Title	Amount or Number of Shares					
Stock Options (Right to Buy)	\$14.17	06/06/2023			A		30,000		(1)	06/00	06/2033	Common Stock	30,000	\$0.00	30,000	0	D	

## **Explanation of Responses:**

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

## Remarks:

/s/ Donna Shiroma, by power of attorney

06/08/2023

\*\* 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.