FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C. 20549	

STATEMENT	OF CHANGES	IN RENEFICIAL	OWNERSH

	OMB APPROVAL								
	OMB Number: 3235-028								
l	Estimated average burden hours per response: 0.5								
ı	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(h)

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* O'Toole David D				2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [RCEL]						ck all applica Director	,		10% Ow	ner		
(Last) 28159 AV	(F VENUE ST	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024					X	below)	give title	FO	Other (sp below)	pecify	
SUITE 220 - AVITA MEDICAL				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) VALENC	CIA C.	A	91355								X		•		ting Person One Reporti	ng
(City)	(S	tate)	(Zip)	F	Rule 10b5-1(c) Transaction Indication 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.											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			. Transaction ate Month/Day/	Execution Date		Code (Instr.			5. Amoun Securities Beneficia Owned Fo	Form: (D) or ollowing (I) (Ins		Direct II Indirect E str. 4) C	. Nature of ndirect seneficial ownership nstr. 4)			
							Code	Amount	(A) o (D)	r Price		Transaction(s) (Instr. 3 and 4)			,	
	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 Date, if any (Month/Day/Year	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year) of Ur		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Options (Right to Buy)	\$12.64	01/03/2024		A		125,000		(1)	01/03/2033	Common Stock	125,000	\$0	125,00	00	D	

Explanation of Responses:

1. These Stock Options vest in three equal annual installments beginning with the first anniversary of the grant date.

/s/ Donna Shiroma

01/05/2024

** Signature of Reporting Person

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

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.

 $^{^{\}star}$ 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).