FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
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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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* O'Toole David D				2. Issuer Name and Ticker or Trading Symbol AVITA Medical, Inc. [RCEL]							elationship d eck all applic Directo	cable) r	g Perso	10% Ow	ner		
(Last)	(F TA MEDIC	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023						X Officer below)	(give title	FO	Other (sp below)	Decity		
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) VALENCE	CIA C.	A	91355								Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication												
					s	atisfy the aff	x to inc rmative	licate that a tra e defense cond	insaction was litions of Rule	made pursu 10b5-1(c). S	ant to a contri See Instruction	act, instruction n 10.	n or written p	olan that	is intended	to	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Code (Instr. 5)		ired (A) or nstr. 3, 4 and	Beneficia	es Form ally (D) of Following (I) (II		m: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	V Amou	nt (A)	or Price	Transact (Instr. 3 a	ion(s)		(III)	1130. 4)		
			Table II - D (e					uired, Dis s, options				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivat tr. Securit Acquire or Disp of (D) (I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le \	/ (A)	(D)	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Stock Options (Right to Buy)	\$17	06/15/2023		I		150,000		(1)	06/15/203	Common Stock	150,000	\$0.00	150,00	00	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 06/16/2023

** 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.