Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Stacherski Kenneth R.						2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]									eck all applic Directo	tionship of Reporting all applicable) Director		10% Ov	vner
(Last) (First) (Middle) 500 W. MONROE STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024								below)		ain &	Other (s below)	. ,	
(Street)	GO II	J.	60661		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) K Form f Form f	lual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(\$		(Zip)	n-Deriv	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.										l to				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		Code (Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned F	ies Fo ially (D Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			02/01	22/01/2024				Code	v	(D)		Price	Transact (Instr. 3	Transaction(s) (Instr. 3 and 4)					
Common	Common Stock, par value \$0.01 per share 03/01/2024 A 4,718(1)(2) A \$0 57,549 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			Transa Code (l	action of E		Expiration	s. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Codo	v	(A)		Date Exercises		Expiration	Titlo	100	Amount or Number of					

Explanation of Responses:

\$92.72

1. Award of restricted stock units with respect to GE HealthCare Technologies Inc. ("GE HealthCare") common stock, of which 33% will vest on September 1, 2025, 33% will vest on September 1, 2026, and 34% will vest on September 1, 2027, subject to certain conditions.

(3)

13,420

- 2. Each restricted stock unit represents the right to receive, at settlement, one share of GE HealthCare common stock.
- 3. Award of an employee stock option with respect to GE HealthCare common stock, of which 33% will become exercisable on September 1, 2025, 33% will become exercisable on September 1, 2026, and 34% will become exercisable on September 1, 2027, subject to certain conditions.

Remarks:

Employee

Stock

Option

(right to buy)

/s/ Frank R. Jimenez, General

Common

Stock

par value \$0.01 per

share

03/01/2034

Counsel and Corporate

13,420

\$0⁽³⁾

Secretary, as attorney-in-fact

03/05/2024

13,420

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).

03/01/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.