FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

neck this box if no longer subject
Section 16. Form 4 or Form 5
ligations may continue. See
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* O'Neill Kevin Michael						2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 500 W. N	(Last) (First) (Middle) 500 W. MONROE STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/09/2023									X Officer (give title Other (specify below) CEO, PDx					
(Street) CHICAGO IL 60661					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)						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														
		Table	I - No	n-Deriva		satisfy t	he affiri	mative	defense o	condition	posed of)b5-1(c)). See In	structio	n 10.		teri piai	ii tilat is liite	ided to	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						y/Year) Exec		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed C			es Acquired (A Of (D) (Instr. 3,		5. Amo Securit Benefic Owned Report	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.01 per share 02/09/20						023(1)			Code	v	Amount 6,507 ⁽²⁾	(A) (D)	_	s0	Transaction(s) (Instr. 3 and 4)		D		(11041. 4)	
Common	Stock, par	•	ble II -	Derivat	ive Se				ired, C		osed of, convertib	or Be	nefic	ially	<u> </u>			Б		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Date, Transact Code (In:				6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Expiration		Expiration Date	Title	Amour or Number of Shares	er							

Explanation of Responses:

- 1. Inadvertently filed late due to an administrative error.
- 2. Performance stock units ("PSUs") granted on March 1, 2021 by General Electric Company ("GE") prior to the January 3, 2023 distribution of approximately 80.1% of the shares of common stock of GE HealthCare Technologies Inc. ("GE HealthCare") to holders of GE common stock on a pro rata basis. The applicable performance criteria were satisfied and certified by GE's Management Development and Compensation Committee on February 9, 2023. Each PSU represents the right to receive, at settlement, one share of GE HealthCare common stock. The PSUs vest on March 1, 2024, subject to the reporting person's continued employment

Remarks:

/s/ Frank R. Jimenez, General

12/29/2023 Counsel and Corporate

Secretary, as attorney-in-fact

** 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.