FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Makela Jan (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol GE HealthCare Technologies Inc. [GEHC] 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023 | | | | | | | | | k all app Direc | olicable) etor er (give title | | erson(s) to I 10% Ov Other (s below) | vner |
|---|---|-------|--------|---|--|---|--|----------------------------------|---------------------|--|--------------------|--|---------------------------------------|--|--|--|--|--|------|
| (Street) | 500 W. MONROE STREET (Street) CHICAGO IL 60661 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | ndividual or Joint/Group Filing (Check Applicable | | | | |
| (City) | 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 | l - No | n-Deriva | tive Se | ecur | ities | Acq | ıuired, | Dis | posed of | , or I | Benef | icially | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution D | | ate, | Code (Inst | | | | | 3, 4 and Secu Bene Own Follo | | cially 1 ving | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock, par value \$0.01 per share 07/01/20 | | | | | | 023 | | | F | | 1,929(1) | I |) \$8 | \$80.36 | | 61,867 | | D | |
| | 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) | vative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rative rities ired r osed) | 6. Date I Expiration (Month/I | on Da | ear) Securities Underlyin Derivative Security (Instr. 3 ar | | unt of rities rlying ative rity . 3 and 4 | Der Sec (Ins | Price of ivative 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) | |
| | | | | | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

1. Withholding of shares of GE HealthCare Technologies Inc. common stock to satisfy tax withholding obligations in connection with the vesting of restricted stock units.

Remarks:

/s/ Frank R. Jimenez, General Counsel and Corporate 07/05/2023 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.