FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	OMB APPROVAL								
	OMB Number: 3235-02								
	Estimated average burden								
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(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

Name and Address of Reporting Person* Kayyem Jon Faiz				2. Issuer Name and Ticker or Trading Symbol BIODESIX INC [BDSX]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>120y. y C1</u>	11 5011 1 41	<u> </u>		 	Data	of Earlinet	Tranc	action (Month	/Day/Voor)		^{>}	_			10% Ow	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024						below)	(give title		Other (sp below)	pecity	
919 WEST DILLON RD			4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)											2		ed by One	Repoi	rting Person	
LOUISV	TILLE C	O	80027									Form fil Person		than	One Report	ing
(City)	(S	tate)	(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			2. Transact Date Month/Day	Execution Date,		Code (Instr.			Beneficia Owned Fo	s Form Illy (D) or ollowing (I) (In		Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) o (D)	r Price	Reported Transaction (Instr. 3 a	n(s) d 4)			nstr. 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)	itle of 2. 3. Transaction 3A. Deemed 4 Execution Date Execution Date, Irrity or Exercise (Month/Day/Year) If any		e, 4. Trans	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) U		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)	ly	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)	/ii(3)		
Restricted Stock Units	(1)	01/01/2024		A		105,389		(2)	(2)	Common Stock	105,389	\$0	134,262 ⁰	(3)	D	

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. These RSUs will vest in full on March 31, 2024, generally subject to the Reporting Person's continued service with the Issuer, and have no expiration date. In the event the Reporting Person's continued service on the Board terminates other than for cause, these RSUs will vest on a prorated basis based on the number of full months of service the Reporting Person completed during the applicable vesting period.
- 3. Represents deferred RSUs. The shares of Common Stock underlying these RSUs will be issued to the Reporting Person following the Reporting Person's separation from service with the Issuer.

/s/ Robin H. Cowie as Attorney-01/03/2024 in-Fact for Jon Faiz Kayyem

** Signature of Reporting Person

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.