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
$\overline{}$	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

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Name and Address of Reporting Person* Cowie Robin Harper						2. Issuer Name and Ticker or Trading Symbol BIODESIX INC BDSX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COMIC	IXUUIII III	<u>ii pei</u>			1											Director		10% Ov	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below)				Other (specify below)		
2970 WILDERNESS PLACE					08/03/2023									CFO, Sec'y & Treasurer					
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
SUITE 100					(Line)							
(Street)														X Form filed by One Reporting Person					
BOULDER CO 80301				Form filed by More than One Report Person										orting					
(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Dat			Oate,	3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)					4 and Securi Benefi Owned Follow		cially I		Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A)	or Pr	ice						
Common Stock 08/03/2						2023			A		6,172	1	A \$	\$1.62		123,537		D	
		Tab	le II -	Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) Security if any (Month/Day/Year) Security if any (Month/Day/Year) Security if any (Month/Day/Year) Security if any (Month/Day/Year) if any (Month/Day/Year) of Month/Day/Year) of Odd (Instr. 8) Security Security if any (Month/Day/Year) of Odd (Instr. 8) Security Secu		Numl of Deriv Secu Acqu (A) of Dispo	expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Set Un Description Date (Institute Set Un Description				Amou Secu Unde Deriv Secu	rlying ative	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	.0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)			Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

/s/ Robin Harper Cowie

08/07/2023

** 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.