## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## 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*  PATIENCE JOHN					Susuer Name and Ticker or Trading Symbol     BIODESIX INC [ BDSX ]      Date of Earliest Transaction (Month/Day/Year)						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				
(Last) (First) (Middle) 919 WEST DILLON RD					05/20/2025							below) below) Chairman				
(Street) LOUISVILLE CO 80027					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person  Form filed by More than One Reporting Person  Person				
(City)	(S		(Zip)    	erivat	ive Se	curitie	s Ac	auired. Di	sposed o	of, or Be	neficiall					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ction 2A. Deemed Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4 Securities Acquired (A) Disposed Of (D)			ed (A) or	r 5. Amount of Securities Beneficially Owned Following		. Ownership orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 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)	Conversion Date Execu or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date if any (Month/Day/Ye	Date, Transa Code		saction (Instr.  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)		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( (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	05/20/2025		A		68,621		(2)	(2)	Common Stock	68,621	\$0	68,621	D		
Stock Options (Right to Buy)	\$0.2708	05/20/2025		A		42,010		(3)	05/19/2035	Common Stock	42,010	\$0	42,010	D		

## Explanation of Responses:

- 1. Each restricted stock unit (the "RSU") represents a contingent right to receive one share of the Issuer's common stock ("Common Stock").
- 2. These RSUs will vest in three substantially equal installments on June 30, September 30 and December 31, 2025, generally subject to the Reporting Person's continued service with the Issuer, and have no expiration date
- 3. This option will vest in three substantially equal installments on June 30, September 30 and December 31, 2025, generally subject to the Reporting Person's continued service with the Issuer.

/s/ Robin H. Cowie as

Attorney-in-Fact for John 05/22/2025

**Patience** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.