FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
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)

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* Strobeck Matthew				2. Issuer Name <b>and</b> Ticker or Trading Symbol BIODESIX INC [ BDSX ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
,						<b>\</b>	6 <b>-</b>	T		11- //	20/		_	Λ	Officer	give title		Other (		
(Last) (First) (Middle) 2970 WILDERNESS PLACE,				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2023								below)			below)					
SUITE 1		STEACE,																		
(01===1)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOULD	ER CO	O	80301											X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate)	(Zip)												Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code (Instr. 5)				4 and Securitie Benefici Owned F		s ally ollowing	Form (D) or		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	r Price	,	Reported Transact (Instr. 3 a	tion(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tr	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		•	7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	r						
Restricted Stock Units	(1)	01/01/2023			A		62,500		(2)		(2)	Common Stock	62,50	0	\$0	145,833	(3)	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of Issuer common stock.
- 2. These RSUs will vest in full on March 31, 2023, 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 to the Issuer.

/s/ Robin H. Cowie as

Attorney-in-Fact for Matthew 01/04/2023

Strobeck

\*\* 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.