SEC Form 4
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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* BOSTON SCIENTIFIC CORP				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Pulmonx Corp</u> [ LUNG ]								Relationshi neck all app Direc	,	ng Pers X				
(Last) 300 BOST	(Last) (First) (Middle) 300 BOSTON SCIENTIFIC WAY				3. Date of Earliest Transaction (Month/Day/Year) 07/13/2021									Officer (give title below)		Other ( below)	specify	
(Street) MARLBOROUGH MA 01752-1234			4. lf /	Amendı	ment, Date d	of Origin	al File	d (Month/Day	'Year)	6. I Lin	e) X Form	r Joint/Group n filed by One n filed by Mor	e Repo	orting Pers	on			
(City)	(Sta	te) (Z	Ľip)										1 013					
Table I - Non-Derivati																		
		Table	I - Nor	n-Deriva	tive S	Secur	rities Acc	quired	, Dis	posed of,	or Ber	neficia	ally Own	ed				
1. Title of Se	ecurity (Instr		2	n-Deriva 2. Transacti Date (Month/Day)	on	2A. De Execu if any		3. Transa Code ( 8)	ction	4. Securities Disposed Of 5)	Acquired	(A) or	5. Am Secur Benef Owne	ount of ities icially d Following	Form (D) or	vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of Se	ecurity (Instr		2	2. Transacti Date	on	2A. De Execu if any	eemed tion Date,	3. Transa Code (	ction	4. Securities Disposed Of	Acquired	(A) or	5. Am Secur Benef Owne Repor Trans	ount of ities icially d Following	Form (D) or	: Direct	of Indirect Beneficial	
1. Title of Se Common S			2	2. Transacti Date	on /Year)	2A. De Execu if any	eemed tion Date,	3. Transa Code ( 8)	ction Instr.	4. Securities Disposed Of 5)	Acquired D) (Instr.	(A) or 3, 4 and	5. Am Secur Benef Owner Repor Transa (Instr.	ount of ities icially d Following ted action(s)	Form (D) or (I) (In:	: Direct	of Indirect Beneficial Ownership	
		. 3)	pie II - I	2. Transacti Date (Month/Day) 07/13/2( Derivativ	on /Year) 021 <b>ve Se</b>	2A. De Execu if any (Month ecurit	eemed tion Date, h/Day/Year) ies Acqu	3. Transa Code ( 8) Code S <sup>(1)</sup>	v Disp	4. Securities Disposed Of 5)	Acquired D) (Instr. (A) or (D) D r Bene	(A) or 3, 4 and Price \$37.4	5. Am Secur Benef Repor Transa (Instr. 45 1,4	ount of ities icially d Following ted action(s) 3 and 4) 188,106	Form (D) or (I) (In:	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership	

	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	7. Inte 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) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Expiratio D) Exercisable Date		Title	Amount or Number of Shares					

Explanation of Responses:

1. These shares of the Issuer's common stock were sold in a block order at a price of \$37.45.

/s/Vance R. Brown, SVP,
General Counsel and

07/14/2021

**Corporate Secretary** 

\*\* 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.