FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* Rose Geoffrey Beran				2. Issuer Name and Ticker or Trading Symbol Pulmonx Corp [LUNG]								Checl	ationship of Reportin all applicable) Director Officer (give title		ng Person(s) to Is 10% Ov Other (s		wner		
(Last)	`	rst) (I ORPORATION	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023								X				below) al Officer	
700 CHESAPEAKE DRIVE				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applic Line)					.		
(Street) REDWO CITY	OOD CA	A 9	4063			X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(S	tate) (2	Zip)		l _□ ,	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transac Date (Month/Da	Execut y/Year) if any		Deemed ecution Date, ny onth/Day/Year)					Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	r Pric	е	Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock 12/01/2				2023				S ⁽¹⁾		396	D	\$10	0.34	249,073			D		
Common Stock 12/01/2				2023				S ⁽²⁾		698	D	\$10).34	34 248,375			D		
Common Stock 12/01/2				2023				S ⁽³⁾		1,774	D	\$10).34	246,601			D		
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		or Number of Shares						

Explanation of Responses:

- 1. These shares were sold by the reporting person to cover tax withholding obligations in connection with the vesting of the Restricted Stock Units (the "RSUs") granted on June 1, 2021.
- 2. These shares were sold by the reporting person to cover tax withholding obligations in connection with the vesting of the RSUs granted on March 1, 2022.
- 3. These shares were sold by the reporting person to cover tax withholding obligations in connection with the vesting of the RSUs granted on March 1, 2023.

Remarks:

/s/ Lauren Cristina, Attorney-12/05/2023 in-Fact for Geoffrey Beran Rose

** 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.