FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## 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* French Glendon E. III						2. Issuer Name <b>and</b> Ticker or Trading Symbol Pulmonx Corp [ LUNG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)							3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								X Director  X Officer (give title below)  Presider			10% Owner Other (specibelow)		
700 CHESAPEAKE DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) REDWC	REDWOOD CA 94063												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  X 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	on-Deriva	tive Se	ecur	ities	Ac	quired	, Dis	sposed of	f, or E	Benefic	ially	/ Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Execution Date,			3. 4. Securities Acquirities A						5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) o (D)	Price									
Common	)23				S <sup>(1)</sup>		10,000 D \$1		\$12.6	68 <sup>(2)</sup>	1,189,547			D						
		Tab	le II	- Derivativ (e.g., pu							osed of, convertib			•	Owne	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities iired r osed ) r. 3, 4	Expiration Date (Month/Day/Year)  Ve es De Se (In d				ount of urities erlying vative urity tr. 3 and 4)		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- $1. \ The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 15, 2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.52 to \$12.87, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

## Remarks:

/s/ Lauren Cristina, Attorneyin-Fact for Glendon E. French 06/20/2023

\*\* 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.