FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

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).

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* <u>Tammenoms Bakker Juliet</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol RxSight, Inc. [ RXST ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     N Director 10% Owner						
(Last) (First) (Middle) C/O RXSIGHT, INC. 100 COLUMBIA					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024								Office	er (give title v)	е	Other below	(specify v)		
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street)	(Street) ALISO VIEJO CA 92656					Form filed by More than One Reporting Person										eporting			
(City) (State) (Zip)					$ _{\Box}$	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 - N	Non-Deriva	tive	Secu	rities	Ac	quir	ed, D	isposed c	f, or l	Benefici	ally Own	ed				
Date			2. Transaction Date (Month/Day/Y	Execution Da		on Date	Date, Transaction Code (Instr						Benefic Owned	es ially Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			05/17/202	24	4			P		5,000	A	\$61.091	13 34,840		D			
Common	Stock													1 1548 1 1 1			See footnote <sup>(1)</sup>		
	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)	Exe if ar	Deemed cution Date, ny nth/Day/Year)		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu 3 and	le and unt of rities rityling rative rity (Instr. i 4)  Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (Di or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)	

## **Explanation of Responses:**

1. These securities are held by a trust. The Reporting Person, a member of the Issuer's board of directors, is the Investment Trustee of such trust and may be deemed to share voting, investment and dispositive power with respect to such securities. The Reporting Person disclaims beneficial ownership over such securities except to the extent of her pecuniary interest therein, and the inclusion of such securities in this report shall not be deemed an admission of beneficial ownership of the reported securities for purposes of Section 16 or for any other purpose.

/s/ Cristiana Blauth Oliveira as

05/21/2024 Attorney-in-fact for Juliet

Tammenoms Bakker

\*\* 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.