FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL								
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				or S	section 3	8U(n) c	if the I	Invest	tment	Comp	pany Act	of 1940								
1. Name and Address of Reporting Person* OPKO HEALTH, INC.					2. Issuer Name and Ticker or Trading Symbol GeneDx Holdings Corp. [WGS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2024											er (give title			specify	
4400 BISCAYNE BLVD.			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) MIAMI	FL 3	313	7		Fo											Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	State) (2	Zip)		Rule 10b5-1(c) Transaction Indication																
													rsuant to a). See Instr			uction or writt	en pla	n that is inte	nded to	
	Table	1 - 1	Non-Deriva	tive	Secu	rities	Acc	quire	ed, D)ispo	osed o	f, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N			Execution Date		, T	Code (In						d 5) Secui Benet		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							c	ode	v	Amo		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(5	4)		
Class A Common Stock			08/12/202	24				S		59	9,787	D	D \$33.9507 ⁽¹⁾		7(1) 2,811,783			D		
Class A Common Stock 08/13/2			08/13/202	!4				S		24,987 D \$34.		\$34.758	32(2)	2,786,796		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if			Deemed ecution Date, ny onth/Day/Year)		4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				•	Amor Secu Unde Deriv	rlying ative rity (Instr.	Der	rice of vative urity tr. 5)	9. Number of 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)	
Evolunation of Respon		Code	v	(A)	(D)	Date Exe	e rcisab		Expiration Date	Title	Amount or Number of Shares									

- 1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.16 to \$34.90, inclusive. The reporting person undertakes to provide to GeneDx Holding Corp. (the "Company"), any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) to this Form 4.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.50 to \$35.9175, inclusive. The reporting person undertakes to provide to 2. The price of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (2) to this Form 4.

Steven D. Rubin, Exec. VP -Administration

08/14/2024

** 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.