FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rusimigton,	D.O.	20040

STATEMENT	OF CHANGES I	IN BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person*     Saad Kareem					2. Issuer Name and Ticker or Trading Symbol GeneDx Holdings Corp. [ WGS ]								(Ch	neck all appl Direct	'''		son(s) to Is: 10% Ov Other (s	wner		
(Last)	,	rst) (	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023								^ below				· ·	
333 LUDLOW ST, NORTH TOWER, 6TH FL.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ORD C	Γ (	06902			X Form filed to Person										filed by Mo		orting Person n One Repo		
(City) (State) (Zip)				Rul	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																			
Da			2. Transa Date (Month/D	Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			Benefic Owned	ties cially I Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t (/	A) or D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)	
Class A C	Class A Common Stock 07/01/		/2023	:3			М		273	3	A	(1)	12	2,142		D				
Class A Common Stock 07/03/2			/2023	2023			S <sup>(2)</sup> 83 D \$		\$5.9	99 12,059			D							
		Та							uired, D , option						y Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)			3A. Deen Executio if any (Month/D	n Date,		ode (Instr. of De Se Ac (A) Di:		vative urities uired or osed b)	Expiration	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	O N O	lumber						
Restricted Stock Unit	(1)	07/01/2023			M			273	(3)		(3)	Class A Commo Stock	on	273	\$0.00	3,001		D		

## ${\bf Explanation\ of\ Responses:}$

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Class A Common Stock upon settlement for no consideration.
- 2. The sales reported on this Form 4 represent shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting and settlement of RSUs. The sales were to satisfy tax withholding obligations to be funded by a "sell to cover" transaction.
- 3. 6.25% vest in quarterly installments over the 4-year period on April 4, 2022 until fully vested, subject to the Reporting Person's continued service to the Issuer on each vesting date

## Remarks:

/s/ Devin Schaffer, Attorneyin-Fact 07/05/2023

\*\* 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.