FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								
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* Gilde Healthcare Holding B.V.				2. Issuer Name and Ticker or Trading Symbol Eargo, Inc. [EAR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owne Officer (give title Other (spe					wner		
	DE HEALT	First) THCARE PART! T, SUITE 1321	(Middle) NERS		3. Date of Earliest Transaction 10/20/2020				action (Month/Day/Year)				below) below)					
(Street)		1A	02142		4. If Amendment, Date of Orig				of Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		2. Transa Date (Month/D	Execution Date,		Code (Transaction Code (Instr. 3, 4 a						Form: (D) or I		Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) (D)	or Price	e	Transaction(s) (Instr. 3 and 4)				(50. 4)		
Common Stock 10/20			10/20	/2020		С		3,685,358		A (1	1)	3,685,358		I		See Footnote ⁽²⁾		
Common Stock 10/20			0/2020		P		233,3	33,333 A		18	3,918,691		1 I		See Footnote ⁽²⁾			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)			saction e (Instr.	Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)		е	Securities Under		lying Derivative		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount Number Shares			(Instr. 4)			
Series E Preferred Stock	(1)	10/20/2020		С			3,685,358	(1)		(1)	Common Stock	3,685,3	358	\$0.00	0		I	See Footnote ⁽²⁾

Explanation of Responses:

- 1. The Series E Preferred Stock automatically converted into shares of Common Stock on a 1:1 basis immediately prior to the completion of the Issuer's initial public offering of Common Stock and had no expiration
- 2. These shares are held directly by Cooperatieve Gilde Healthcare V U.A. ("Gilde"). Gilde is managed by Gilde Healthcare V Management B.V. ("Management"). Management. is owned by Gilde Healthcare Holding B.V. ("Holding"). Each of Management and Holding may be deemed to have voting, investment and dispositive power with respect to the securities held by Gilde. Each of Management and Holding disclaims beneficial ownership of these securities and this report shall not be deemed an admission that any of them is the beneficial owner of such securities, except to the extent of their respective pecuniary interests therein.

Remarks:

Cooperatieve Gilde Healthcare

10/22/2020 V U.A., By: /s/ Christy La

Pierre, Attorney-in-Fact

Gilde Healthcare IV

Management B.V., By: /s/

10/22/2020 Christy La Pierre, Attorney-in-

Gilde Healthcare Holding B.V.,

By: /s/ Christy La Pierre, 10/22/2020

Attorney-in-Fact

** 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.