FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
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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* KIM PAUL						2. Issuer Name and Ticker or Trading Symbol Fulgent Genetics, Inc. [FLGT]							k all app Direc	ionship of Reportir all applicable) Director Officer (give title		son(s) to Is 10% Ov Other (s	wner		
		NETICS, INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023					, A	below			below)				
4978 SANTA ANITA AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) TEMPLI	E CITY CA	A 9	1780									X	X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(St	ate) (ž	Zip)												Perso	on 			
		Table	I - No	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Date,	3. 4. Securitie Transaction Code (Instr. 8) 5.		s Acqu Of (D) (II	ired (A nstr. 3,) or 4 and	Securit Benefic	ities For icially (D) d Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	ction(s) 3 and 4)			(111301. 4)
Common Stock 02/15/2				2023			F 321 ⁽¹⁾		321(1)	D	\$	33.99	22	22,062		D			
Common Stock 02/15/2				2023			F		1,019 ⁽²⁾ D		\$	33.99	3.99 221,043			D			
	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	version xercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Securivative Execution Date, if any (Month/Day/Year) Securivative Execution Date, if any (Month/Day/Year) Securivativativativativativativativativativat		rities uired or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				ve derivative Securities		10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. The shares were withheld from the reporting person to satisfy the tax withholding obligations that arose upon the vesting of certain restricted stock units granted to the reporting person on August 1, 2019, which grant was originally reported on Form 4 filed with the U.S. Securities and Exchange Commission on August 5, 2019.
- 2. The shares were withheld from the reporting person to satisfy the tax withholding obligations that arose upon the vesting of certain restricted stock units granted to the reporting person on November 1, 2019, which grant was originally reported on Form 4 filed with the U.S. Securities and Exchange Commission on November 5, 2019.

Remarks:

/s/ Paul Kim

02/17/2023

** 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.