

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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>SVF Bluebird (Cayman) Ltd</u>  (Last) (First) (Middle) C/O WALKERS CORP LTD CAYMAN CORP CENTRE 27 HOSPITAL ROAD GEORGE TOWN  (Street) GRAND CAYMAN E9 KY1-9008  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/05/2019	3. Issuer Name and Ticker or Trading Symbol <u>Guardant Health, Inc. [ GH ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	27,850,460 <sup>(1)</sup>	D <sup>(1)</sup>	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>SVF Bluebird (Cayman) Ltd</u>  (Last) (First) (Middle) C/O WALKERS CORP LTD CAYMAN CORP CENTRE 27 HOSPITAL ROAD GEORGE TOWN  (Street) GRAND CAYMAN E9 KY1-9008  (City) (State) (Zip)		
(This section is currently blank)		

1. Name and Address of Reporting Person*		
<u>SVF Enterprise (Cayman) Ltd</u>		
(Last)	(First)	(Middle)
C/O WALKERS CORP LTD CAYMAN CORP CENTRE 27 HOSPITAL ROAD GEORGE TOWN		
(Street)		
GRAND CAYMAN	E9	KY1-9008
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>SVF Endurance (Cayman) Ltd</u>		
(Last)	(First)	(Middle)
C/O WALKERS CORP LTD CAYMAN CORP CENTRE 27 HOSPITAL ROAD GEORGE TOWN		
(Street)		
GRAND CAYMAN	E9	KY1-9008
(City) (State) (Zip)		

**Explanation of Responses:**

1. This filing on Form 3 is being filed as a result of a private transfer of 27,850,460 shares of Common Stock of the Issuer by SofiBank Vision Fund (AIV M1) L.P. ("AIV M1") to SVF Bluebird (Cayman) Limited ("SVF Bluebird"). SVF Bluebird is a wholly-owned subsidiary of SVF Enterprise (Cayman) Limited ("SVF Enterprise"). SVF Enterprise is a wholly-owned subsidiary of SVF Endurance (Cayman) Limited ("SVF Endurance"). SVF Endurance is a wholly-owned subsidiary of AIV M1. After the transfer, SVF Bluebird became a direct owner of the 27,850,460 shares of Common Stock of the Issuer and SVF Enterprise, SVF Endurance and AIV M1 became indirect owners of the 27,850,460 share of Common Stock of the Issuer. The transferred shares of the Issuer will remain subject to a Lock-Up Agreement, dated May 20, 2019, by and among AIV M1, J.P. Morgan Securities LLC, and BofA Securities, Inc.

<u>/s/ Karen Ellerbe, Director</u>	<u>07/15/2019</u>
<u>/s/ Karen Ellerbe, Director</u>	<u>07/15/2019</u>
<u>/s/ Karen Ellerbe, Director</u>	<u>07/15/2019</u>
** 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 5 (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.