

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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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. Issuer Name and Ticker or Trading Symbol <u>Guardant Health, Inc. [ GH ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 10/09/2020	
	4. 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 Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	10/09/2020		S		7,000,000	D	\$101.082	7,037,960	I	See footnotes <sup>(1)(2)</sup>

**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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

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

1. Name and Address of Reporting Person\*  
SVF Endurance (Cayman) Ltd

(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\*

[SB INVESTMENT ADVISERS \(UK\) LTD](#)

(Last) (First) (Middle)  
69 GROSVENOR STREET

(Street)  
MAYFAIR, LONDON X0 W1K 3JP

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[SOFTBANK VISION FUND \(AIV M1\) L.P.](#)

(Last) (First) (Middle)  
251 LITTLE FALLS DRIVE

(Street)  
WILMINGTON DE 19808

(City) (State) (Zip)

**Explanation of Responses:**

1. These securities are held of record by SVF Bluebird (Cayman) Limited, which is a subsidiary of SVF Enterprise (Cayman) Limited. SVF Enterprise (Cayman) Limited is a subsidiary of SVF Endurance (Cayman) Limited. SVF Endurance (Cayman) Limited is a wholly owned subsidiary of SoftBank Vision Fund (AIV M1) L.P. SB Investment Advisers (UK) Limited has been appointed as alternative investment fund manager, or AIFM, of SoftBank Vision Fund (AIV M1) L.P., and is exclusively responsible for managing SoftBank Vision Fund (AIV M1) L.P. in accordance with the Alternative Investment Fund Managers Directive and is authorized and regulated by the UK Financial Conduct Authority accordingly. (continued to Fn. 2)

2. (Continued from Fn.1) As AIFM of SoftBank Vision Fund (AIV M1) L.P., SB Investment Advisers (UK) Limited is exclusively responsible for making all decisions related to the acquisition, structuring, financing and disposal of SoftBank Vision Fund (AIV M1) L.P.'s Investments. Each Reporting Person disclaims beneficial ownership of such shares except to the extent of its pecuniary interest therein, and the inclusion of these securities in this report shall not be deemed an admission that any reporting person is the beneficial owner of such shares for purposes of the Securities Exchange Act of 1934 or for any other purpose.

**Remarks:**

[SVF Bluebird \(Cayman\)](#)  
[Limited By: /s/ Karey Schreck, Alternate Director](#) [10/13/2020](#)

[SB Investment Advisers \(UK\)](#)  
[Limited, Manager of SoftBank Vision Fund \(AIV M1\) L.P.](#) [10/13/2020](#)  
[By: /s/ Brian Wheeler, General Counsel](#)

[SB Investment Advisers \(UK\)](#)  
[Limited By: /s/ Brian Wheeler, General Counsel](#) [10/13/2020](#)

[SVF Enterprise \(Cayman\)](#)  
[Limited By: /s/ Karey Schreck, Alternate Director](#) [10/13/2020](#)

[SVF Endurance \(Cayman\)](#)  
[Limited By: /s/ Karey Schreck, Alternate Director](#) [10/13/2020](#)

\*\* 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.