Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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>GENERAL ELECTRIC CO</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Baker Hughes Co [BKR] | | | | | | | | | | | k all app | , | J | () | Owner | |
|---|---|--------|--------|---|---|--|---|---------------|---|----------|--------------------------------------|-----------|---|------------------------|---|---|--|--|---|---|--|
| (Last) 5 NECC | (Fir | st) (M | Middle | e) | 3. Date of Earliest Transaction (Month/Day/Year) 10/22/2020 | | | | | | | | | | | Office below | er (give title v) | 9 | Othe belov | r (specify v) | |
| (Street) BOSTON MA 02210 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (1.9) | (| | | Non-Deriva | tive | Secui | rities | Acc | guir | ed, D |)isp | osed of | , or B | enefic | iall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Ye | Execution | | ned n Date, | 3. Ti C | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | (A) or | 5. Amo Securit Benefic Owned Followi | | ınt of es ially ng | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | c | | Code V | | Amo | ount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Class A Common Stock | | | | 10/22/2020 | | | | | S | | 27, | ,988,183 | D \$14.91 ⁽¹⁾ | | 1 ⁽¹⁾ | 0 | | I | | See footnote ⁽²⁾ | |
| | | Tal | ble I | II - Derivati (e.g., pu | | | | | | | | sed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any | | | Deemed cution Date, 1y nth/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | oiration | xercisable and n Date ay/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se | Price of rivative curity str. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date D) Exercisal | | Expiration le Date | | Title | Number of Shares | | | | | ı | | |

Explanation of Responses:

- 1. The reporting person sold the shares of Class A Common Stock of the Issuer to an unaffiliated financial institution at a price based on the volume weighted average price of Class A Common Stock of the Issuer over the financial institution's hedging period undertaken pursuant to a post-paid forward transaction.
- 2. The Reporting Person holds these securities through a wholly-owned subsidiary.

/s/ Christoph A. Pereira, **Authorized Signatory**

10/23/2020

** 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.