FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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OMB APPROVAL											
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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(c). S	ee Instruction 1	0.																	
1. Name ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					ssuer					
110111116							-			1	Direc	tor		10% O	wner				
(Last) (First) (Middle) C/O INARI MEDICAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Office below	er (give title v)		Other ( below)	specify
	K CANYO																		
0001 OA	IK CANTO	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street)														Line)	Form	filed by On	e Rep	orting Pers	on
IRVINE CA 92618					Form filed by More than One Reporting Person									orting					
(City)	(City) (State) (Zip)														1 0130	<i>7</i> 11			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of	tion 2A. Deemed			3. 4. Securities Acquired (A				a) or 5. Amount of					7. Nature						
	y/Year)	/Year) Execution Date, if any (Month/Day/Year)		Code (Instr.   5)		f (D) (Instr. 3, 4		Benefi Owned		cially (D		n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership						
			Code	v	Amount	(A) (D)	or Pr	ice		ransaction(s) nstr. 3 and 4)			(Instr. 4)						
Common	Stock	2024		F		678(1)	D	\$	40.63	642,618			D						
Common	2024				F		1,385(2)	D	\$	40.63	64	1,233		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pı	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curiti	es)					
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)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities rired r osed )	6. Date Exercisable Expiration Date (Month/Day/Year)		ite	7. Title and Amount Securiti Underly Derivati Security 3 and 4		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	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	or Ni Expiration of		Amou or Numb of Share	er							

## **Explanation of Responses:**

- 1. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2021.
- 2. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2022.

/s/ Shannon Trevino, attorneyin-fact for William Hoffman

10/03/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.