FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

00540	
20549	OMB APPROVAL
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- 1		
	OMB Number:	3235-0287
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	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).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defense	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-															
1. Name and Address of Reporting Person* <u>Hoffman William</u>				2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]								5. Relationship of Reportin (Check all applicable) Director			10% Ov	vner	
(Last) (First) (Middle) C/O INARI MEDICAL, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025									Officer (give title below)		Other (s below)	specify	
6001 OAK CANYON					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)					
(Street) IRVINE	CA	A 9	2618										Fo	m filed by On m filed by Mo son			
(City)	(St	ate) (Z	Zip)														
		Table	I - No	n-Deriva	tive S	ecur	ities Ac	quire	d, Dis	sposed of	, or Be	enefici	ally Ow	ned			
Date			2. Transaction Date (Month/Day/	/Year) Execut		emed ion Date, /Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d 5) Sec Ben Owr	5. Amount of Securities Beneficially Owned Following		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 01				01/06/20	025			S ⁽¹⁾		141,075	D	\$60.1	3(2)	297,912		D	
Common	Common Stock 01/0			01/06/20	2025			S ⁽¹⁾		58,925	D	\$61.2	7 ⁽³⁾	238,987		D	
		Tal	ole II -							oosed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction Date Execution Date, if any		tion Date,	4. Transaction Code (Instr. 8) 5. Number of Oberivative 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 Derivativ Security (Instr. 5)		у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The transactions reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 14, 2023.

Code

2. This transaction was executed in multiple trades at prices ranging from \$60.00 to \$60.99. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

(D)

Exercisable

3. This transaction was executed in multiple trades at prices ranging from \$61.00 to \$61.99. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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

Number

Shares

Title

01/08/2025

Date

** Signature of Reporting Person

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.