

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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>Presidio Management Group X LLC</u> (Last) (First) (Middle) 1460 EL CAMINO REAL, SUITE 100 (Street) MENLO PARK CA 94025 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Inari Medical, Inc. [NARI]</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) 11/17/2020	
4. If Amendment, Date of Original Filed (Month/Day/Year) 01/19/2021		

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	11/17/2020		j ⁽¹⁾		67,730	A	(1)	165,692 ⁽²⁾	I	Directly held by Casey M. Tansey. ⁽³⁾

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)
						Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <u>Presidio Management Group X LLC</u> (Last) (First) (Middle) 1460 EL CAMINO REAL, SUITE 100 (Street) MENLO PARK CA 94025 (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Tansey Casey M</u> (Last) (First) (Middle) 1460 EL CAMINO REAL, SUITE 100 (Street) MENLO PARK CA 94025 (City) (State) (Zip)

Explanation of Responses:

- Represents a pro-rata in-kind distribution of the Issuer's common stock, and not a purchase or sale, without additional consideration to their respective partners, members and assignees, as applicable.
- The original Form 4 filed on November 19, 2020, is being amended by this Form 4 amendment solely to correct an administrative error, which incorrectly underreported the amount of shares indirectly owned by the Reporting Person listed in column 5 as 67,730 shares instead of 165,692 shares.
- Represents a change in the form of ownership from indirect to direct by virtue of the receipt of shares in the PMGX Distribution. Shares are held directly by the Reporting Person.

Dale Holladay, Attorney In 01/21/2021
Fact for the Reporting Person
 ** 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.