FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington,	D.C.	20549	
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OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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(0). 31	ee instruction i	0.																	
Name and Address of Reporting Person* Hoffman William			2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Homman wimam											-			1	Direc	tor		10% O	wner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Office belov	er (give title v)		Other (below)	specify		
C/O INARI MEDICAL, INC.					10/2	71202	-												
6001 OAK CANYON																			
6001 OAK CANYON				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)					1									Line)		file d by Or	- D	ti D	
IRVINE	CA		2618		1									1		filed by On		Ü	
	CF	· 9	2018												Form Perso	filed by Mo on	re thai	n One Rep	orting
(City)	(St	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transac Date (Month/Da	/Day/Year) Exec		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)			4 and Secu Bene		rities F ficially (I ed Following (I		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or Pr	ice	Transa	nsaction(s) tr. 3 and 4)			(111341. 4)	
Common Stock 10/2			10/29/2	2024			S ⁽¹⁾		20,000	D	\$:	50.1(2)	1(2) 581,233			D			
Common Stock 10/29/2			2024		S ⁽¹⁾		20,000	D		\$50		561,233		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	convertib	le se	curiti	es)					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of	r osed (1. 3, 4	6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	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	Expiration Date	Title	Amou or Numb of Share	er							

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 14, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$50.00 to \$50.38. 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

** 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.