UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 15, 2022

Inari Medical, Inc.
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-39293**	**45-2902923**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
6001 Oak Canyon, Suite 100 **Irvine, California** **(Address of Principal Executive Offices)**		**92618** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: (877) 923-4747

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.001 par value	**NARI**	**NASDAQ Global Select Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On September 15, 2022, Inari Medical, Inc. (the "Company") made available in the investor relations section of its website a presentation, which includes an overview of the Company, and was presented at the Company's Analyst and Investor Day on September 15, 2022. A copy of this presentation is attached as Exhibit 99.1 to this report, and the information set forth therein is incorporated herein by reference and constitutes a part of this report.

The information in this Item 7.01 (including Exhibit 99.1 hereto) shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any other filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Presentation of Inari Medical, Inc., dated September 2022
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

INARI MEDICAL, INC.

Date: September 20, 2022

By: /s/ Mitchell Hill
Mitchell Hill
Chief Financial Officer

Exhibit 99.1


INARI
MEDICAL
2022
Inari Medical
Investor Day
Sandy | Boynton Beach, FL

Financial Information

Unless otherwise indicated, all financial and operational information included herein is as of June 30, 2022.

Indications for Use and Publication References

Indications for Use and relevant labeling information for all Inari products included in this presentation are included in the appendix. References to clinical studies and other publications cited in this presentation are located in the appendix.

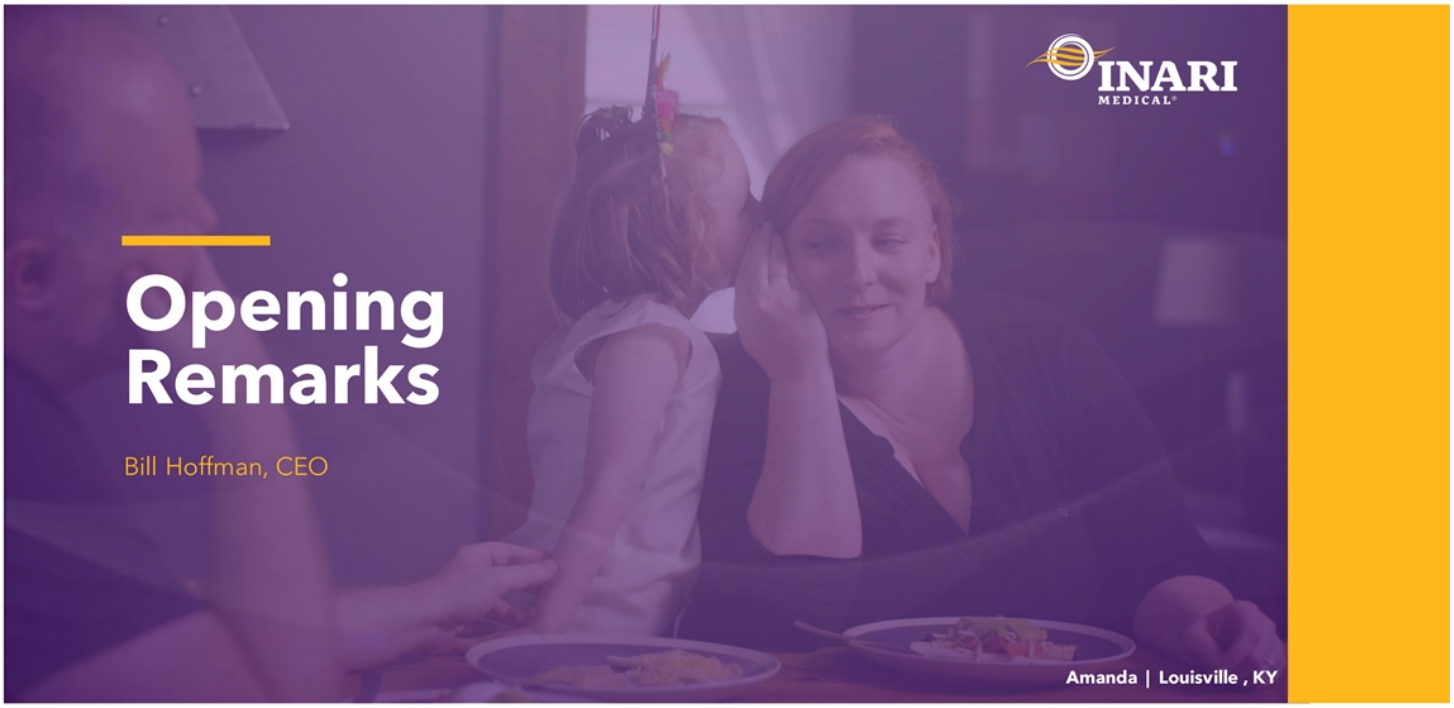
Forward Looking Statements

This presentation (together with any other statements or information that we may make in connection therewith) may contain are forward-looking statements. All statements other than statements of historical fact could be deemed forward-looking, including any estimates of revenue and total procedures, total addressable market, future results of operations, financial position, research and development costs, capital requirements and our needs for additional financing; our business model and strategic plans for our products, technologies and business, including our implementation thereof; competitive companies and technologies and our industry; our ability to grow and maintain our US sales force; our ability to develop new tools and new markets; the results of our clinical studies; our ability to commercialize, manage and grow our business by expanding our sales and marketing organization and increasing our sales to existing and new customers; third-party payor reimbursement and coverage decisions; commercial success and market acceptance of our products; our ability to accurately forecast customer demand for our products and manage our inventory; our ability to establish and maintain intellectual property protection for our products or avoid claims of infringement; FDA or other U.S. or foreign regulatory actions affecting us or the healthcare industry generally, including healthcare reform measures in the United States; the timing or likelihood of regulatory filings and approvals; our ability to hire and retain key personnel; our ability to obtain additional financing; and our expectations about market trends. Without limiting the foregoing, the words "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms and other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these words.

Forward-looking statements are based on and reflect management's current expectations, assumptions, estimates and projections that may or may not prove to be correct. These forward-looking statements are subject to a number of known and unknown risks, uncertainties, assumptions and other factors, many of which are beyond our control. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statement. In light of these risks, uncertainties, and assumptions, the future events and trends discussed in this presentation may not occur and our actual results, results, levels of activity, performance or achievements could differ materially and adversely from those anticipated or implied by any forward-looking statements. These and other known risks, uncertainties and factors are described in detail under the caption "Risk Factors" and elsewhere in our filings with the Securities and Exchange Commission ("SEC"), including our most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q. These filings are available in the Investor Relations section of our website at https://ir.inarimedical.com/ or at www.sec.gov.

The forward-looking statements in this presentation are made only as of the date hereof. Except to the extent required by law, we assume no obligation and do not intend to update any of these forward-looking statements after the date of this presentation or to conform these statements to actual results or revised expectations. All forward-looking statements are expressly qualified in their entirety by the foregoing cautionary statements. You are cautioned not to place undue reliance on these forward-looking statements.

This presentation is not an offer to sell securities of Inari Medical and it is not soliciting offers to buy securities of Inari Medical nor will there be any sales of securities of Inari Medical in any state or jurisdiction where the offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.


INARI
MEDICAL
Opening Remarks
Bill Hoffman, CEO
Amanda | Louisville , KY

Our dedication to changing lives drives every decision we make

INARI MEDICAL

We've made improving lives our responsibility.

And that drives our passion and success


INARI
MEDICAL
Introduction
To Inari
Drew Hykes, COO
Audry | Detroit, MI

Management Presentation Agenda

Time	Duration	Session
9:00 – 9:20AM	20 min.	Introduction
9:20 – 10:10 AM	50 min.	Inari Five Growth Drivers
10:10 – 10:20 AM	10 min.	Break
10:20 – 10:40 AM	20 min.	Physician Panel
10:40 – 10:50 AM	10 min.	Financials and Closing Remarks
10:50 – 11:30 AM	40 min.	Q&A

Strong leadership team with breadth & depth

Bill Hoffman
Chief Executive Officer

Mitch Hill
Chief Financial Officer

Drew Hykes
Chief Operating Officer

Dr. Tom Tu
Chief Medical Officer

Angela Ahmad
General Counsel

Brian Strauss
SVP Engineering

Eric Khairy
SVP Marketing

Eric Louw
VP Manufacturing

Janet Byk
VP Finance & Accounting

John Borrell
SVP Sales

Justin Crockett
VP Inari Solutions Group

Kevin Strange
VP Strategy & Business Development

Kit Cariquitan
VP Quality Assurance & Reg. Affairs

Norman Nie
VP Information Technology

Paul Koehn
SVP Operations

Randy Hamlin
VP Advanced Development

Dr. Shon Chakrabarti
VP & General Manager Chronic Venous Diseases

Tara Dunn
SVP Clinical Affairs & Market Development

Dr. Venkat Tummala
VP Medical Affairs

Dr. Victor Tapson
VP Medical Affairs

Vitas Sipelis
VP International

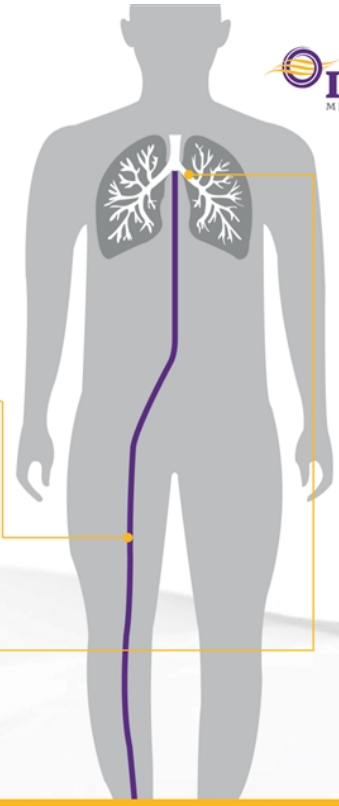
Venous Thromboembolism (VTE)

DVT

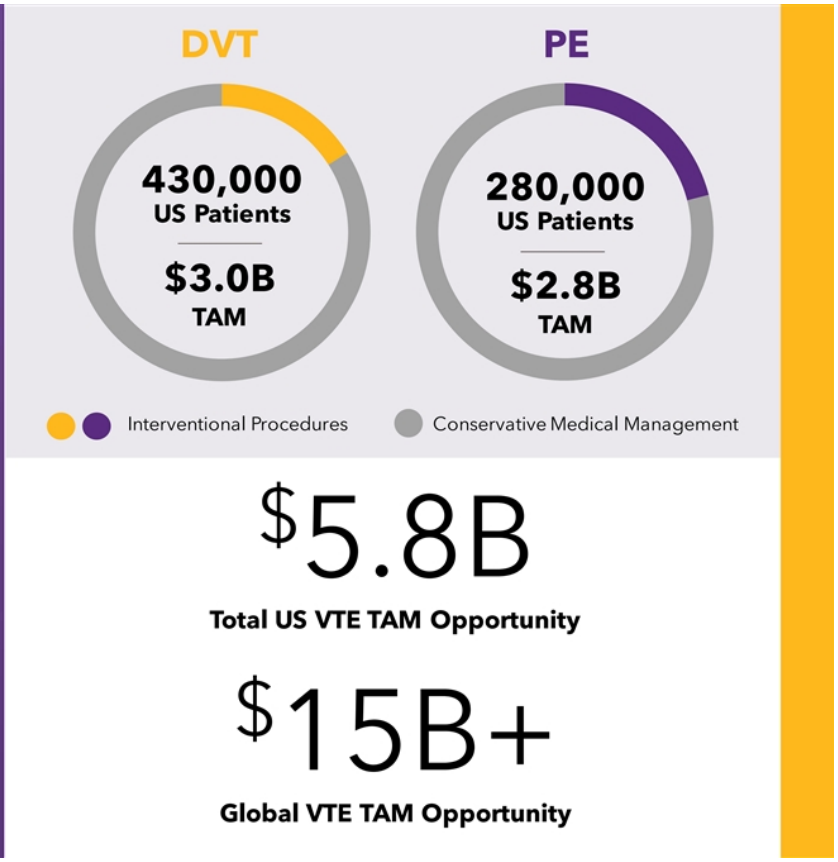
Up to **50%** Develop Post-Thrombotic Syndrome (PTS) within 2 years of a proximal DVT

PE

#3 Leading cause of cardiovascular death



VTE is a large and highly underpenetrated opportunity to serve patients in need



$5.8B

Total US VTE TAM Opportunity

$15B+

Global VTE TAM Opportunity

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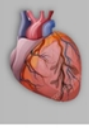
Treatment of VTE evolving to definitive mechanical catheter intervention

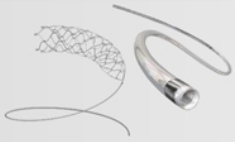


Myocardial Infarction

Anti-Coagulation Only → Lytics Based → Definitive Catheter Therapy

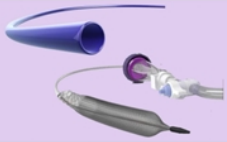
Stroke

Anti-Coagulation Only → Lytics Based → Definitive Catheter Therapy



Expected Path for **VTE (DVT & PE)**

Anti-Coagulation Only → Lytics Based → Definitive Catheter Therapy



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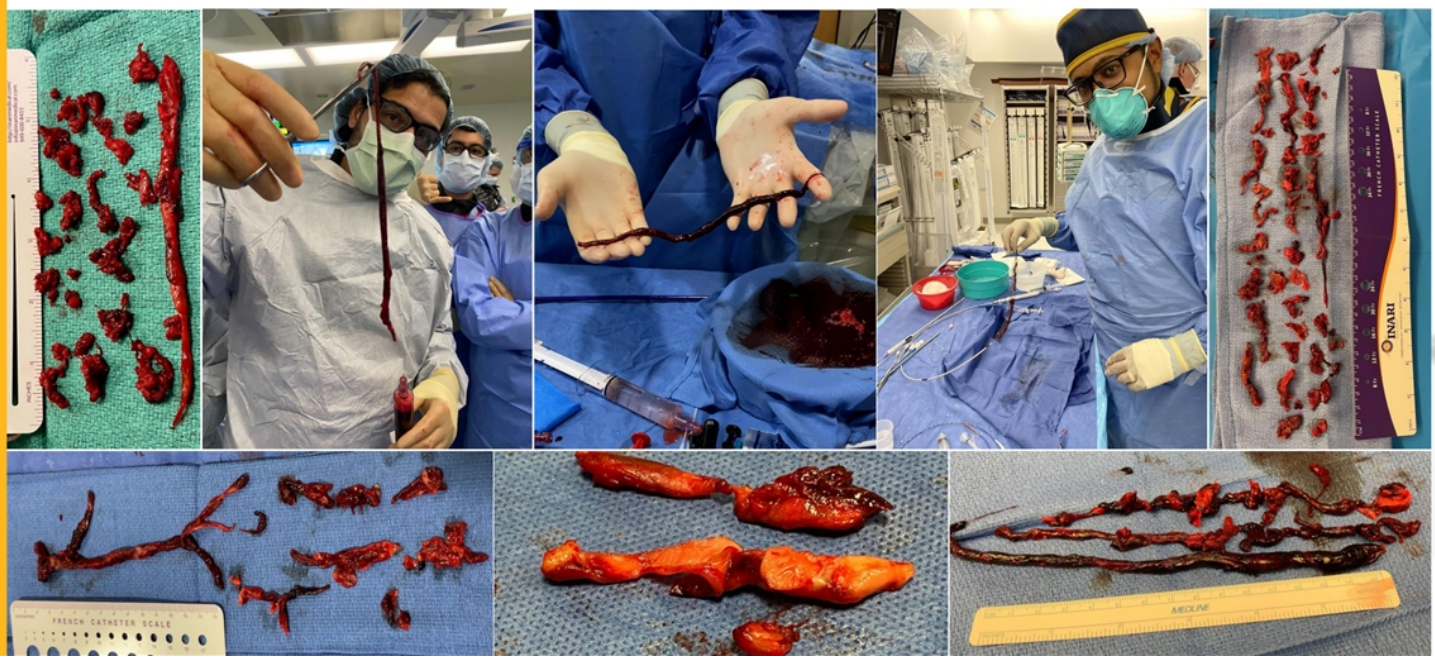
Highly differentiated, purpose-built solutions

- Simple, intuitive solutions
- Near complete thrombus removal
- Eliminate need for dangerous lytics
- Minimal blood loss
- Favorable hospital economics

Taking out all the clot matters



Our five growth drivers remain the roadmap

1 Expanding Our U.S. Sales Force	2 Driving Deeper VTE Penetration	3 Building Clinical Evidence	4 Innovating Purpose-Built Solutions	5 Expanding Into New Markets
				
270+ U.S. Sales Territories	<5% Penetration into U.S. VTE Incidence	250+ Peer Reviewed Publications	5 Distinct Product Toolkits For 5 Distinct TAMs	>$20B Total Global TAM + ~$10B US Prevalence Opportunity

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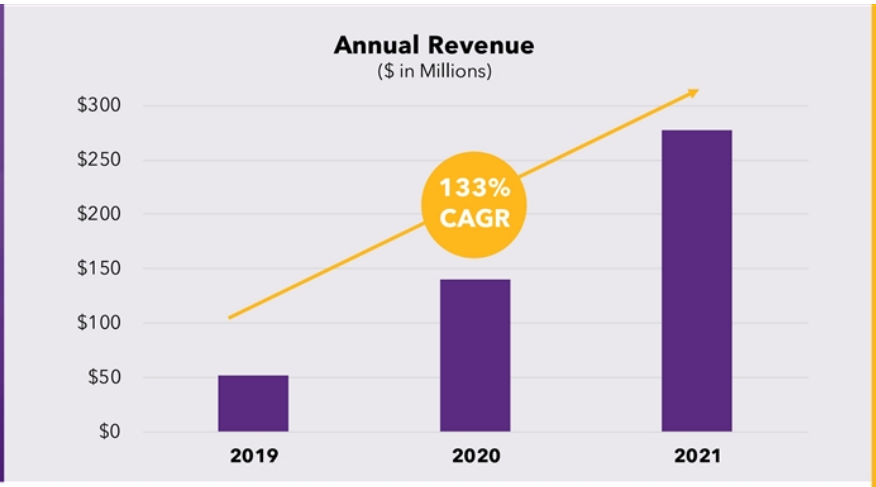
Consistent, premium financial performance



$277M
2021 Total Revenue

91%
2021 Gross Margin

98%
YOY Growth (From FY20)

$330M
Cash, Cash Equivalents, & Short-Term Investments (Q2 2022)

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Our core competencies are scalable and allow us to treat more patients

Identify major unmet patient needs

R&D innovation engine to rapidly design purpose-built devices

High-Touch, scalable commercial org & market development capabilities

Clinical infrastructure generating data to change standard of care

FOUNDATION OF OPERATIONAL AND MANUFACTURING EXCELLENCE

INARI MEDICAL

No small plans.
And we're just getting started

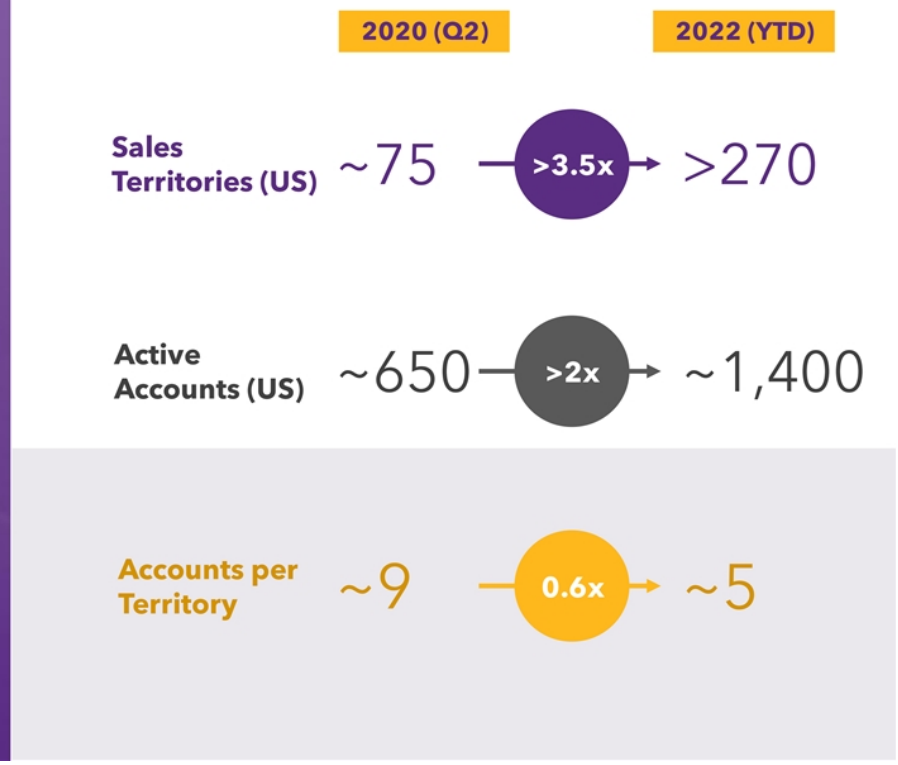
1	EXPANDING US SALES FORCE	BUILDING THE LARGEST INTERVENTIONAL SALES FORCE
2	DRIVING DEEPER PENETRATION	STANDARDIZING PATIENT PATHWAYS
3	BUILDING CLINICAL EVIDENCE	EXECUTING GUIDELINE-CHANGING CLINICAL TRIALS
4	INNOVATING NEW PRODUCTS	DEVELOPING PURPOSE-BUILT SOLUTIONS
5	EXPANDING INTO NEW MARKETS	LAUNCHING INTO NEW ADJACENCIES & GEOGRAPHIES

Growth Driver 1

Expanding Our US Sales Force

John Borrell, SVP Sales

Significant growth in sales territories, increasing density of coverage



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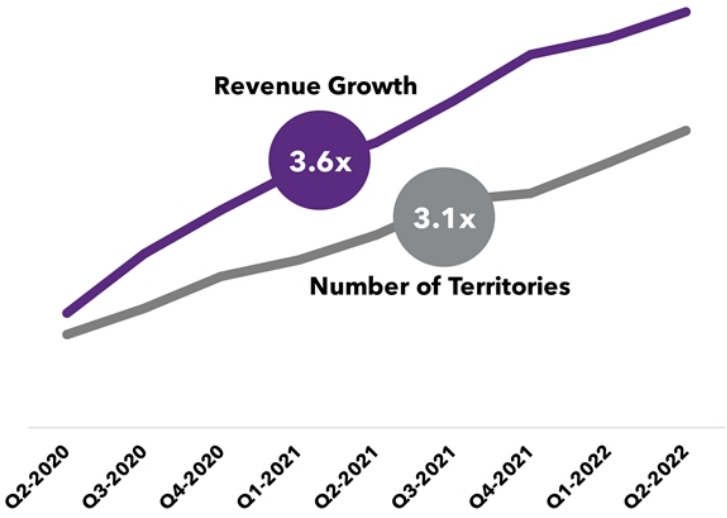
Focused on growth but remaining efficient

INARI MEDICAL®

PRODUCTIVITY REMAINS HIGH DESPITE GROWTH AND AGGRESSIVE TERRITORY SPLITS



Sales rep productivity ramps up quickly after start date

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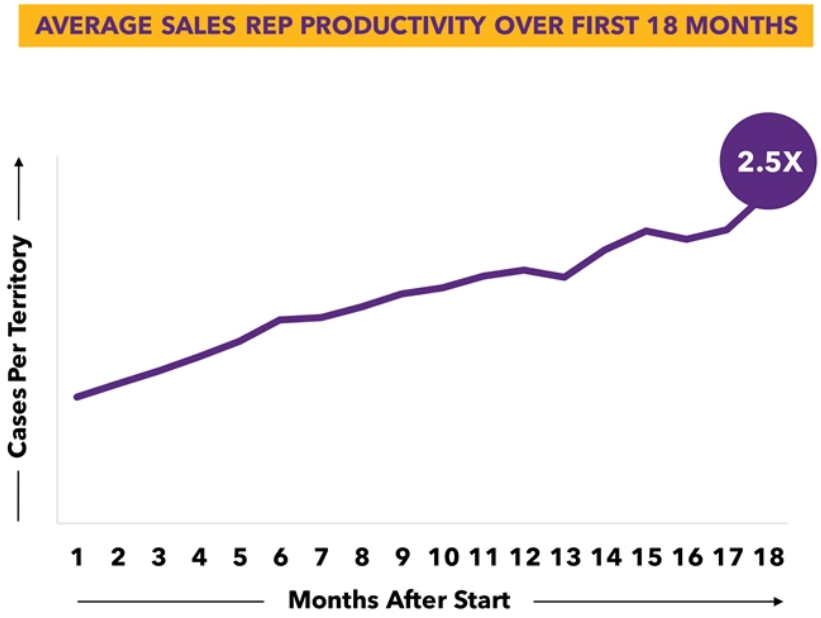

Continuing growth to fully tackle VTE
and address new disease states

2022

FUTURE STATE

Sales team efforts amplified by robust non-sales commercial team

High-powered, high-touch commercial system designed to solve patient needs

Intentional fit-based hiring and promotion from within

Single-tier sales team w/ ~90% case presence

Mining information across all sources, informing every decision we make

Solution-based toolkits, not widgets

Deliberate territory splits & alignment of incentives

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Our commercial system enables us to scale in new markets with significant unmet needs

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Growth Driver 2

Driving Deeper Penetration

Eric Khairy, SVP Marketing

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A significant responsibility

~710,000 Addressable US VTE patients per year

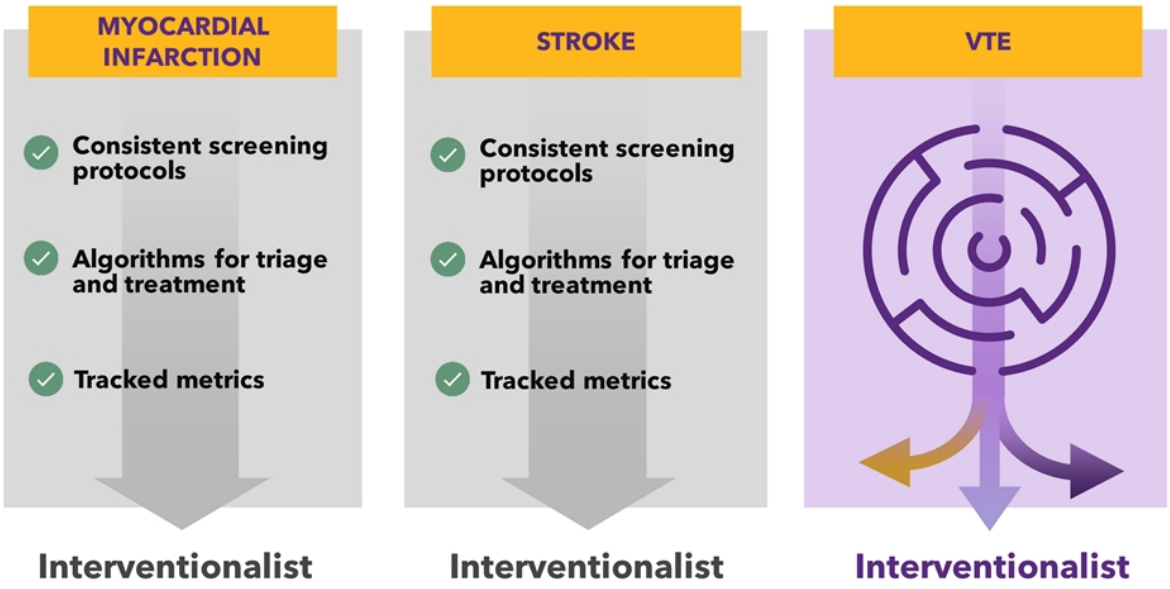
A significant responsibility

15-20%
Receive any intervention

~710,000 Addressable US VTE patients per year

A significant responsibility

VTE lacks a systematic approach to identify, screen, and triage patients



VTE patients are inside the hospital, yet most never see a VTE expert

Annual US VTE Incidence	710K
US Hospital Beds	~740K
Annual US Incidence per Bed	~1

500 Bed
Mid-sized hospital

=

~500
addressable VTE patients/year

We're helping hospitals build programs that connect VTE patients to VTE experts

- ✓ Excellent clinical outcomes
- ✓ Positive hospital economics
- ○ **Systematic patient pathway** (i.e., a "VTE program")

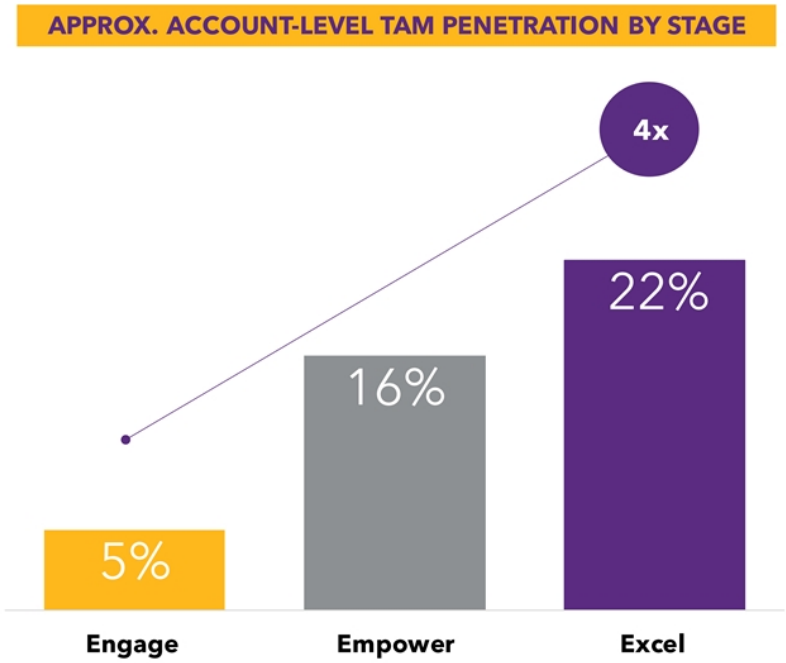
VTE EXCELLENCE™

INARI MEDICAL®

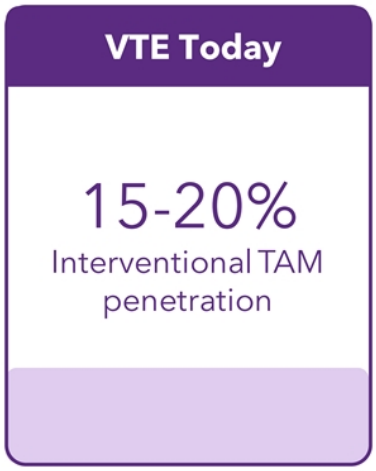
VTE Excellence is a codified & scalable process to build VTE programs

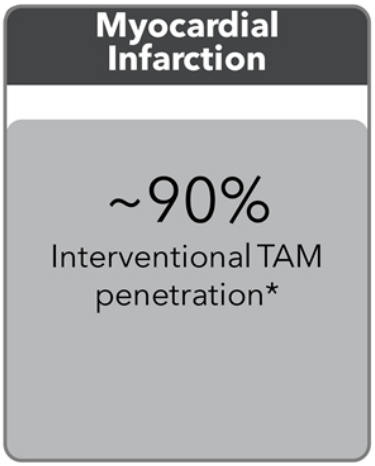
ENGAGE	EMPOWER	EXCEL
~1,250 Inari accounts	~120 Inari accounts	~20 Inari accounts
Find champions, build the foundation	Create patient pathway and build awareness	Solidify consistent patient identification, triage, tracking

VTE Excellence activities are beginning to drive deeper account-level TAM penetration

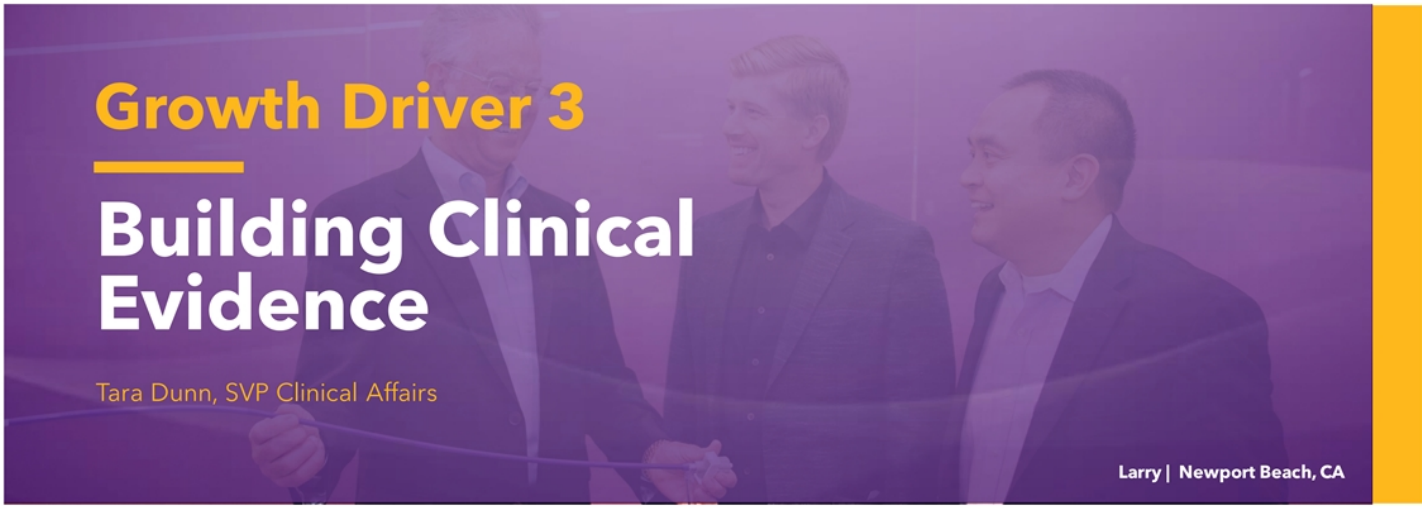


What's the future? Interventional TAM penetration in context





*Intervention includes both CABG and angioplasty


Growth Driver 3
Building Clinical Evidence
Tara Dunn, SVP Clinical Affairs
Larry | Newport Beach, CA

Transforming patient care

Do the right thing for patients

Generate data with urgency

Develop the market

Set the bar high

Clinical by the numbers

2,000+
Patients studied to date

250+
Peer reviewed publications

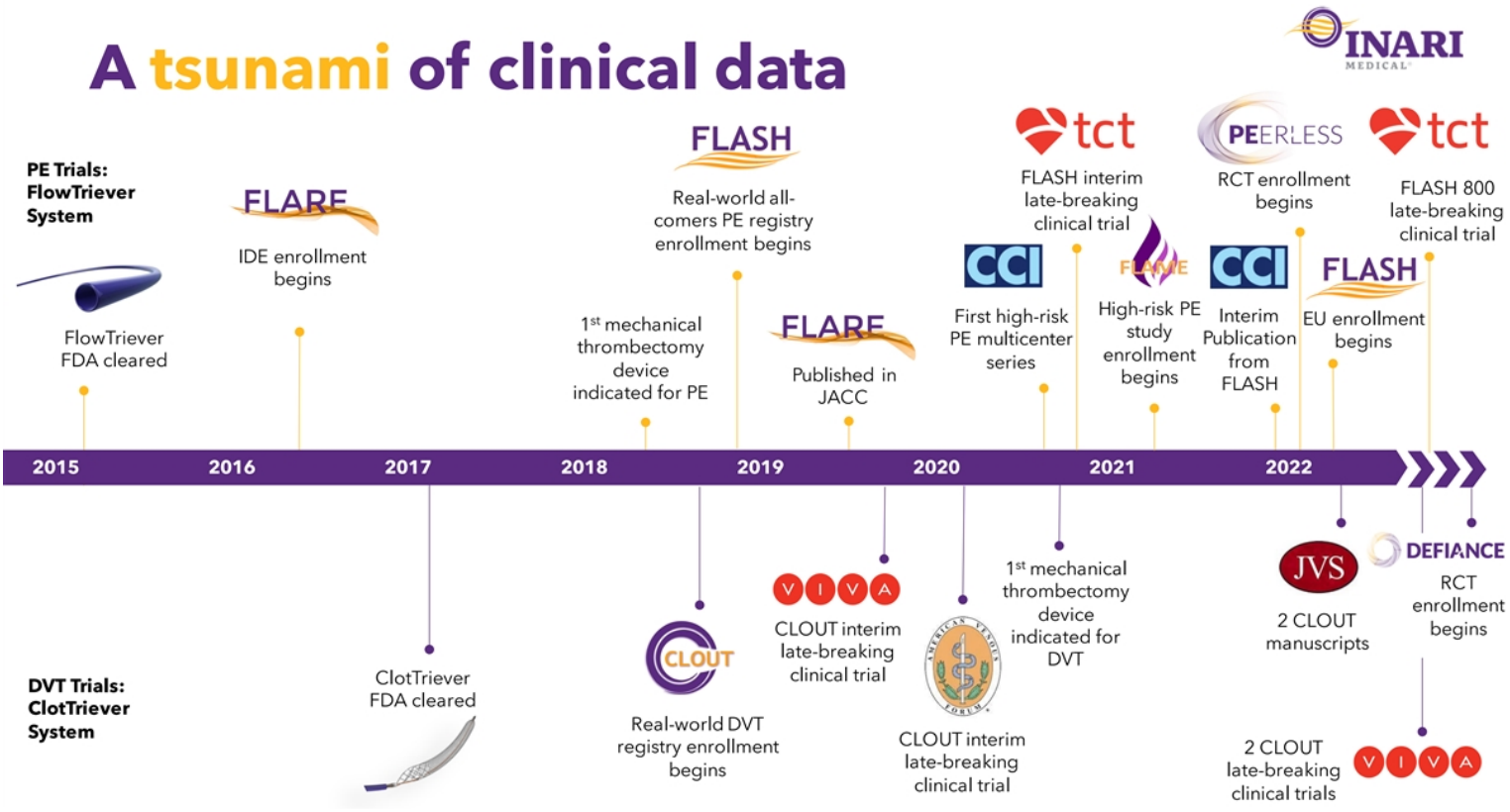
20+
Active or completed IIR engagements

6
Major prospective Studies

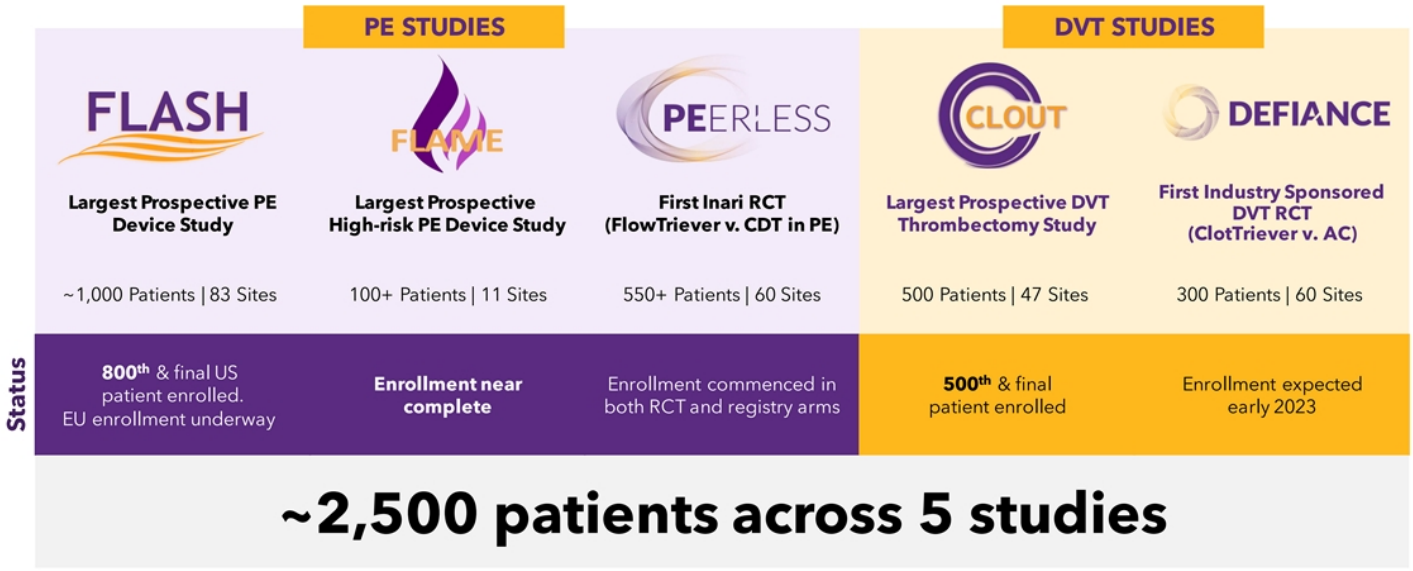
INCLUDING 2 RCTS

Strong and versatile team driving the quality and pace of best-in-class evidence generation

A tsunami of clinical data



Setting a high bar for VTE evidence



~2,500 patients across 5 studies

FLASH is the largest prospective registry in PE with exceptional results

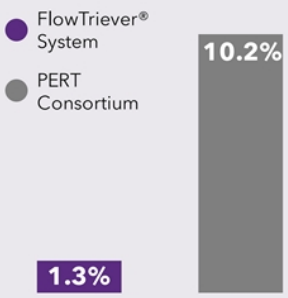
FLASH

EXCELLENT SAFETY

0%

Device related MAEs

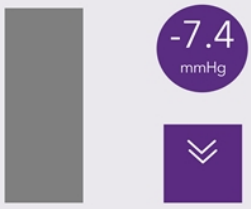
MORTALITY



All-Cause Mortality (30d)

IMMEDIATE PATIENT RELIEF

Mean Pulmonary Artery Pressure



Pre-FT **Post-FT**

LASTING PATIENT BENEFITS

1.5%

Post-PE Syndrome

FLAME: High-risk PE guidelines are from an 8 patient study. FLAME is 100+ patients

Changing Guidelines

Designed per AHA recommendations

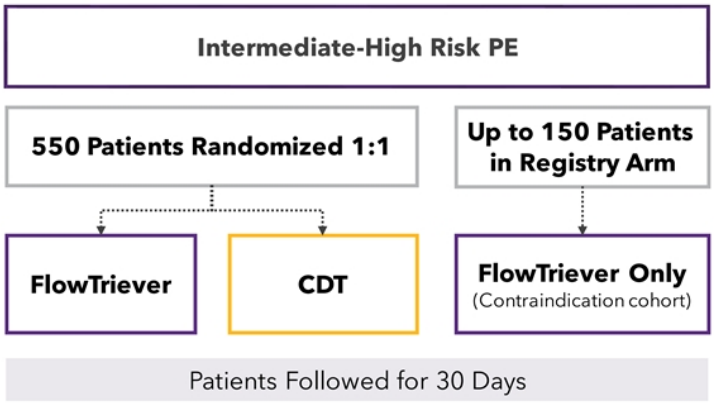
Doing What's Right

Up to 50% of high-risk patients die within 30 days

Developing the Market

Why not treat intermediate-risk?

PEERLESS: Superiority RCT of FlowTriever vs CDT in PE



PEERLESS

HIGHLIGHTS

- Currently **>60%** of patients intervened on receive Catheter Directed Thrombolysis (CDT)
- Primary endpoint via win ratio:
  - All-Cause Mortality
  - Intracranial Hemorrhage
  - ISTH Major Bleeding
  - Clinical Deterioration/Bailout
  - ICU Admission & ICU LOS
- Head-to-head definitive treatment trial (US & EU)
- Enrollment ahead of schedule

CLOUT demonstrates we can do better for DVT patients

500
Patients Enrolled

47
Sites

2 out of 3
With **Subacute** and/or **Chronic Clot**

EXCELLENT SAFETY

0%
Vessel/Valve Damage

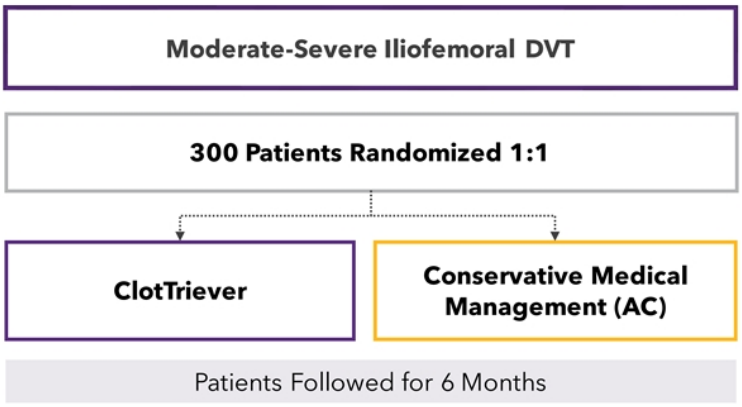
ON-TABLE EFFECTIVENESS

86%
Effectiveness in Core Lab Adjudicated Clot Removal

LASTING PATIENT BENEFITS

91%
Freedom from Moderate to Severe PTS at 6 months

DEFIANCE: Superiority RCT of ClotTriever vs Anticoagulation in DVT



DEFIANCE

HIGHLIGHTS

- First global industry-sponsored RCT for DVT
- Primary endpoint via win ratio:
  - Treatment failure or escalation of therapy
  - Post-Thrombotic Syndrome severity at 6 months
- Designed to transform standard of care
- Enrollment expected to begin early 2023

Exceptional program productivity and quality of patient outcomes

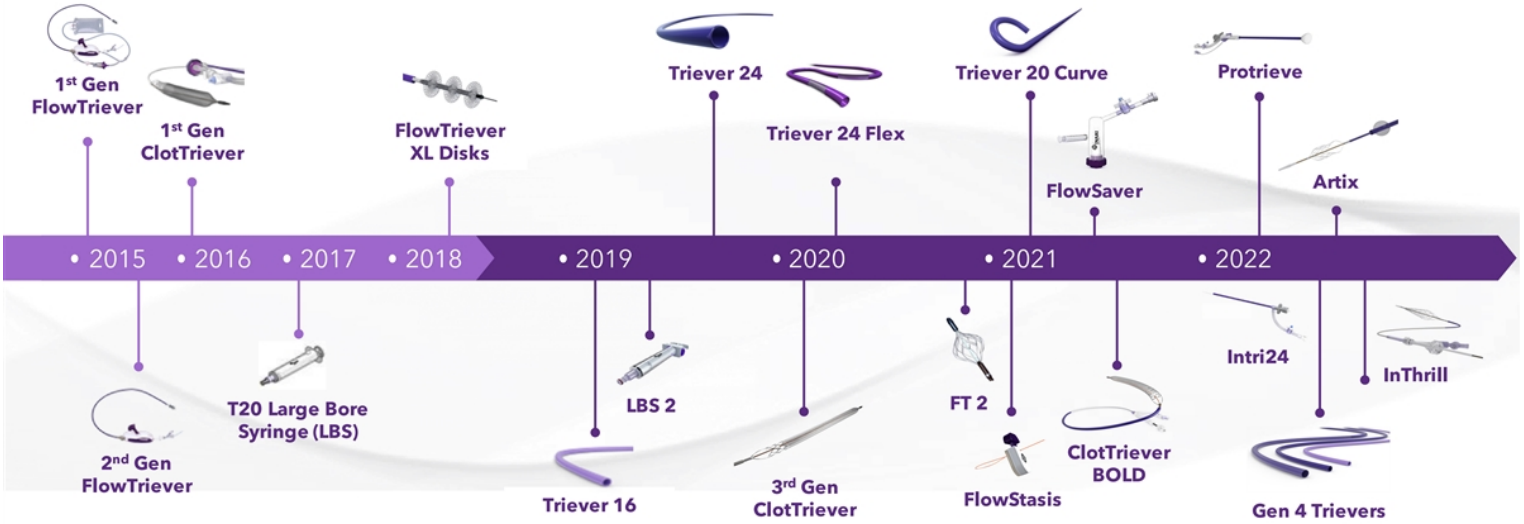
Growth Driver 4

Innovating New Products

Dr. Tom Tu, CMO

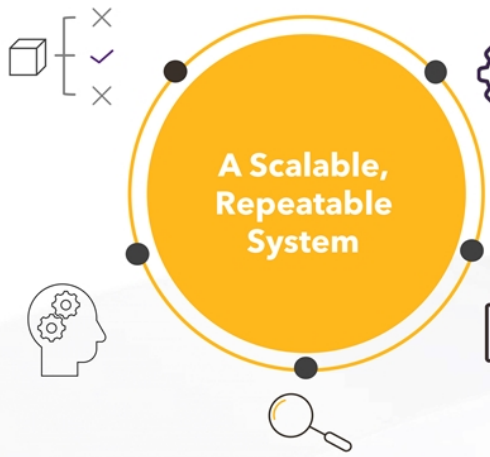
INARI MEDICAL

Years of knowledge and commitment.
Our mission to address unmet needs



~70,000 patients treated | 38 world-wide patents

Our Innovation Engine continues to implement purpose-built solutions for unmet patient needs



Rapid innovation via in house machine shop, 3D-printing, bio-skills lab, laser cutting, etc.

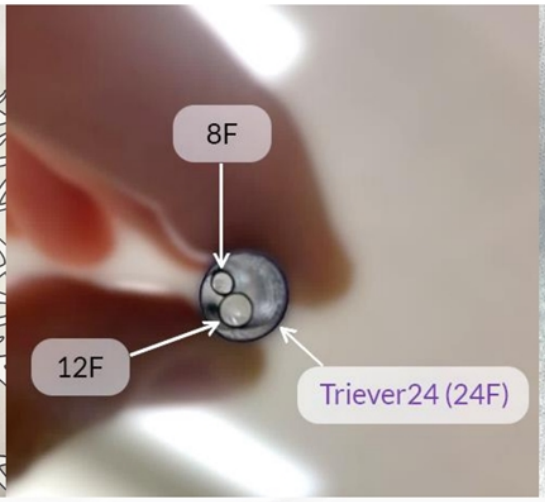
"Engine Room" R&D infrastructure

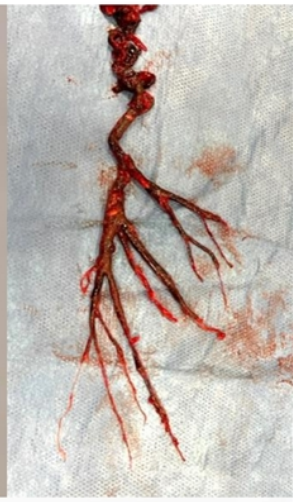
Engineering roles defined around solutions, not products

Mining information, informing every project

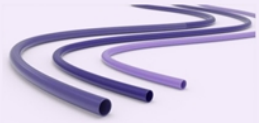
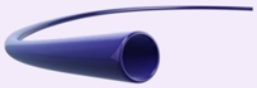
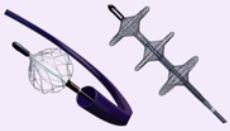
Market analysis focused on large and unmet needs

Large bore catheters produce large clot hauls





A comprehensive PE procedure solution years in the making

Safely, Quickly Track Through the Heart	Large Clot Hauls Without Lytics	Address Challenging Clot or Anatomy	Minimal Blood Loss
 **Fourth Generation Triever** Catheters	 **Large Bore** Aspiration	 **Triever20 Curve®** Catheter	 **FlowSaver®** Blood Return System
 **Intri24®** Sheath	 **Large Bore** Syringe and **Whoosh** Mechanism	 **FlowTriever** Catheters*	 **FlowStasis®** Suture Retention Device

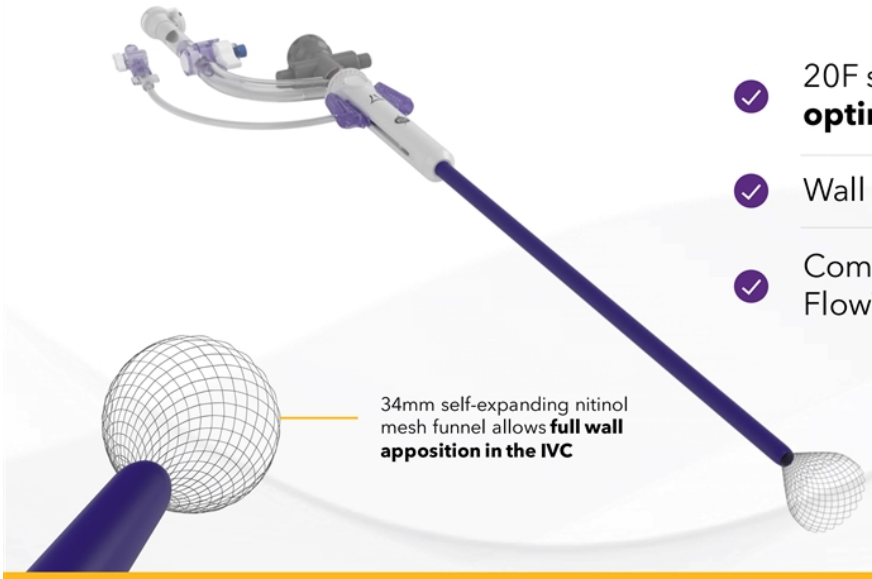
*The FlowTriever 2 catheter is not indicated for the treatment of PE

A purpose-built DVT treatment for the full range of clot chronicity

A comprehensive DVT procedure solution years in the making

Access	Acute to Chronic Clot Removal	Complex Procedures
 **ClotTriever 13 Gen 3** Sheath	 **ClotTriever Gen 3** Catheter	 **ProTrieve™** Sheath
 **ClotTriever 16 Gen 3** Sheaths	 **ClotTriever BOLD** Catheter	 **FlowTriever** Disk Catheters

Protrieve™ provides confidence during complex DVT and IVC procedures

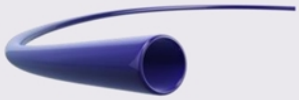


- 20F sheath designed for right IJ access and **optimal positioning within the IVC**
- Wall apposing funnel designed to **trap emboli**
- Compatible with ClotTriever and FlowTriever platforms

Expanding beyond VTE to develop purpose-built solutions for new diseases

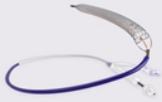
VTE LEADERSHIP

ClotTriever System



FlowTriever System

BROADER PERIPHERAL SOLUTIONS



Chronic Venous Disease Toolkit

Artix™ System

InThrill™ System

Chronic Venous Disease (CVD)

- **Chronic clot**
- **Post-Thrombotic occlusions**
- **PTS and venous leg ulcers (VLU)**

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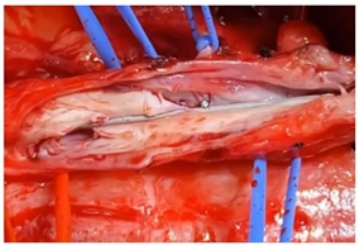
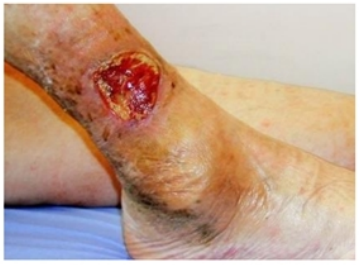
CVD often progresses from DVT and includes scarred vein walls & wall-adherent **obstructions**



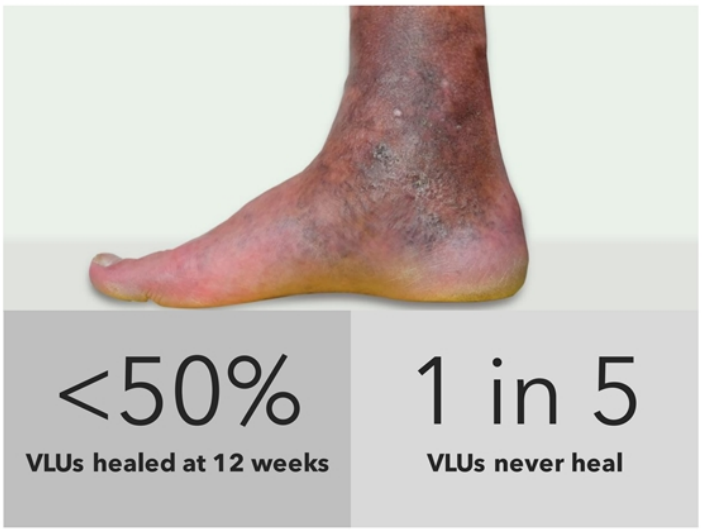
If obstructions are left unaddressed, patients can develop **painful, debilitating ulcers**



Conservative treatments for Chronic Venous Disease are inadequate and only address symptoms

Compression Therapy

Anticoagulation

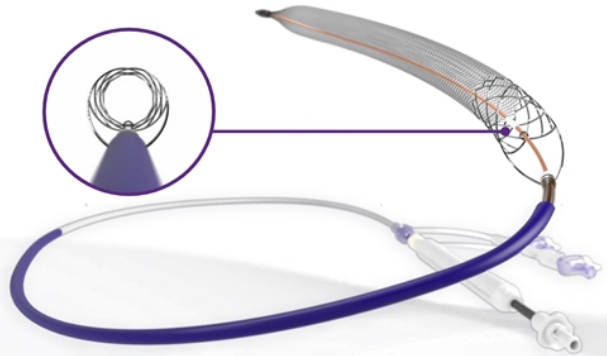


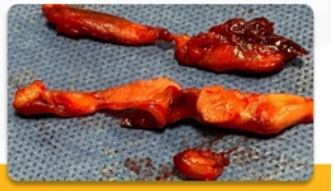
<50%
VLUs healed at 12 weeks

1 in 5
VLUs never heal

ClotTriever BOLD was designed to extract the full range of clot chronicity

- Clot is often older than symptoms suggest
- ~30% greater radial force for **improved wall apposition**
- **Improved thrombus engagement** to treat the full range of acute to chronic DVT





We're building a solution-based toolkit to address Chronic Venous Disease

Remove Acute to Chronic Venous Thrombus	Cross Chronic Venous Occlusions	Treat Chronic Venous Occlusions	Treat Venous In-stent Chronic Re-thrombosis
ClotTriever BOLD Catheter *Launched 2022* 	**Crossing Tool** *In development*	**Recanalization Device(s)** *In development*	**Stent Cleaner Device** *In development*

Arterial Thromboembolism

- **Acute limb ischemia (ALI)**
- **Acute visceral ischemia**
- **Chronic limb ischemia (CLI)**

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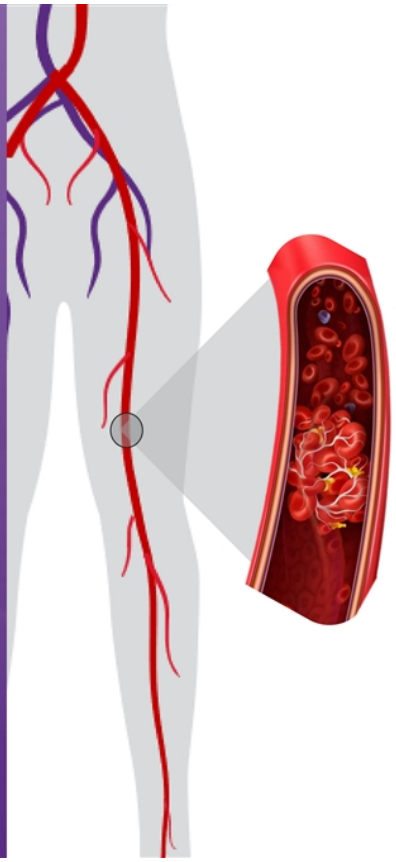


Acute embolization event – **extensive damage** can happen if not treated quickly

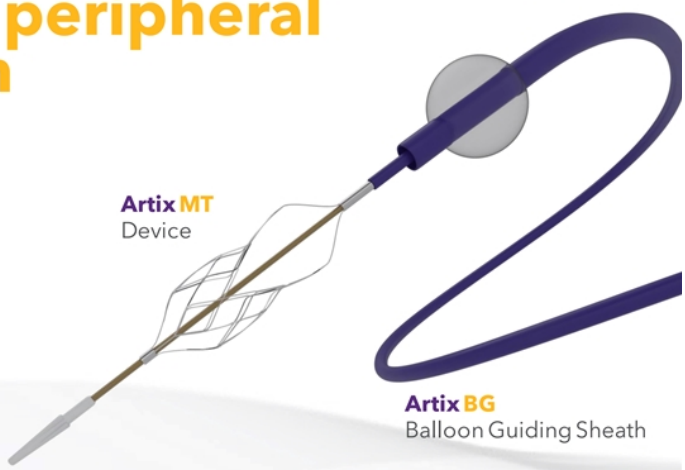
Current treatments for arterial thrombo-embolism have significant drawbacks

- Often requires open surgical procedures
- Distal embolization and vessel trauma
- High rates of lytic use
- Significant blood loss
- Need for a better, purpose-built solution

INARI MEDICAL

The Artix System: purpose-built toolkit for peripheral artery thromboembolism

- Combines both aspiration and mechanical thrombectomy
- Sheath has 4X flow rate vs. existing arterial catheters
- Proximal flow arrest to prevent distal embolization

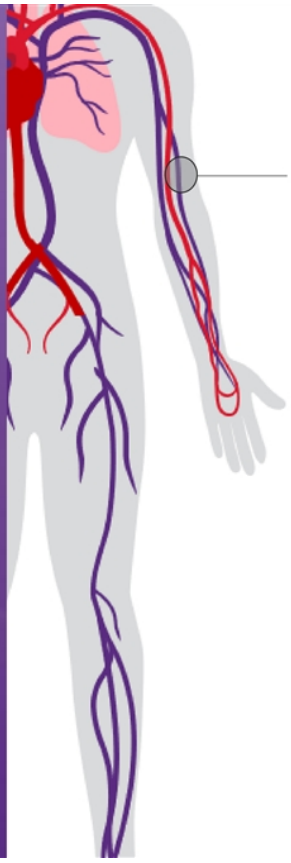


Artix MT
Device

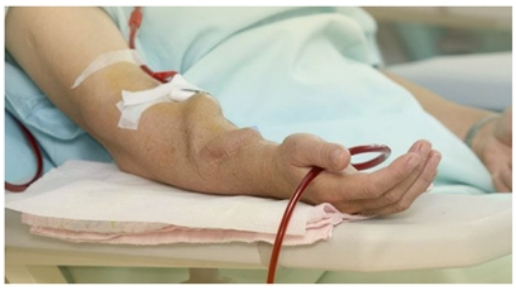
Artix BG
Balloon Guiding Sheath

Small Vessel Thrombosis

- Upper Extremity
- Below-the-knee
- AV thrombosis



AV access thrombosis can result in complications and **loss of access to life-saving dialysis**



Limitations in current treatments for small vessel thrombosis

- AV "declotting" sends clot to the lungs, exacerbating pulmonary hypertension
- High recurrence rates
- Ineffective for chronic clot
- Ineffective for large clot burdens
- Need for a better, purpose-built solution

INARI MEDICAL

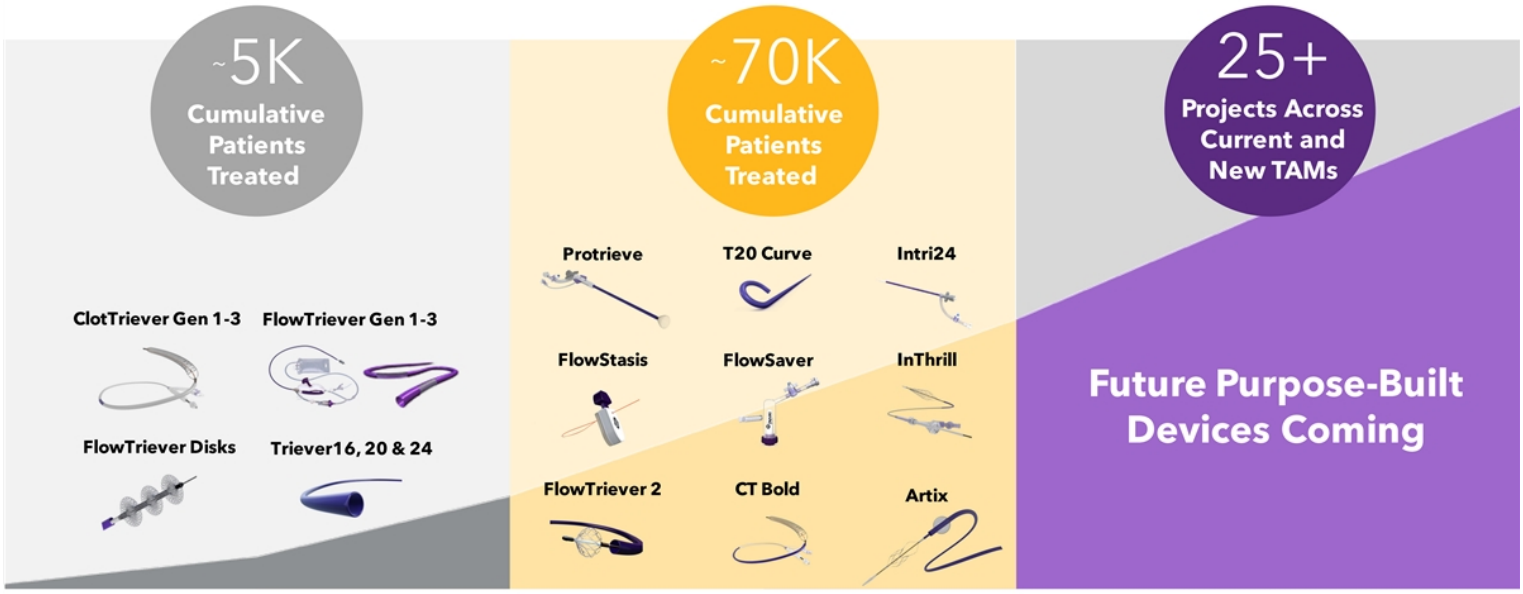
The InThrill System: a solution for smaller vessels

- Effectively **extracts clots**
- Addresses **acute to chronic thrombus**
- **Tailor made** for 4-10mm vessels

InThrill Sheath

Note: the InThrill device is indicated for use in the peripheral vasculature

We're just getting started!



<2020 | 2020 - 2022 | 2022 – 2024+

~70K cumulative patients treated since inception of company

Growth Driver 5

Expanding into New Markets

Drew Hykes, COO

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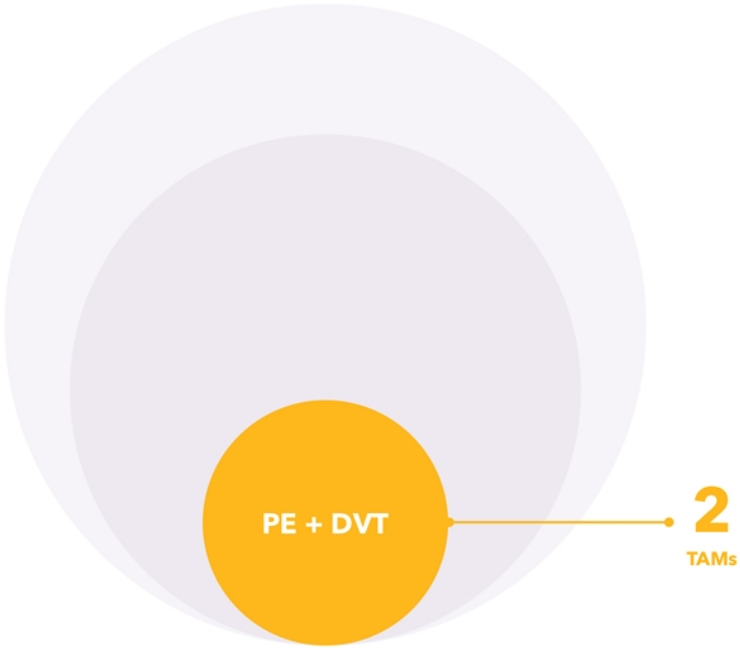
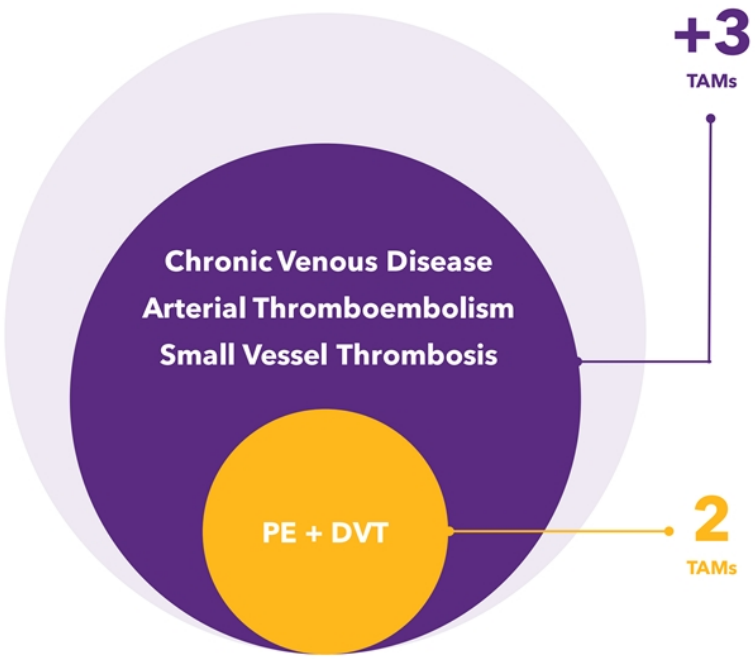
Historically, we have treated patients in two TAMs with two toolkits



Currently expanding into three new TAMs, continuing to address large unmet needs



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We have no small plans.
More purpose-built solutions to come in incremental TAMs

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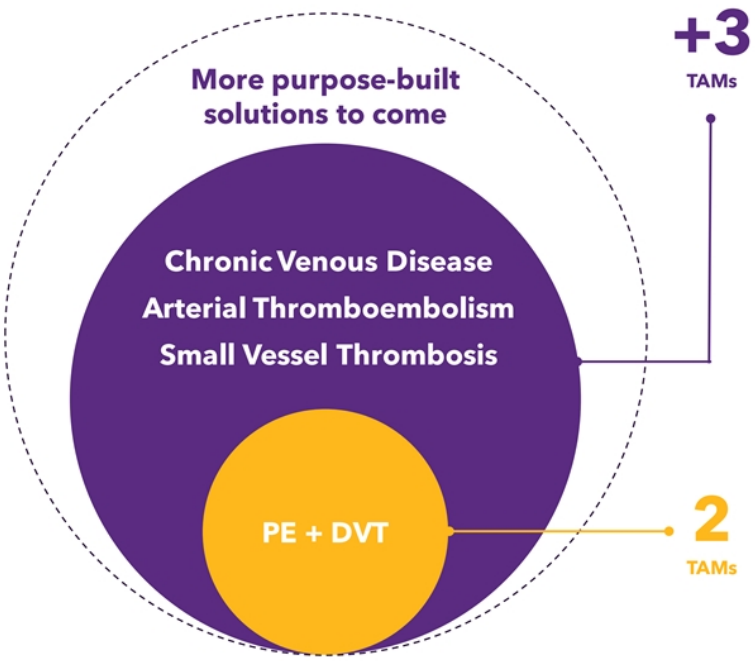


Protrieve is a purpose-built solution for complex IVC cases

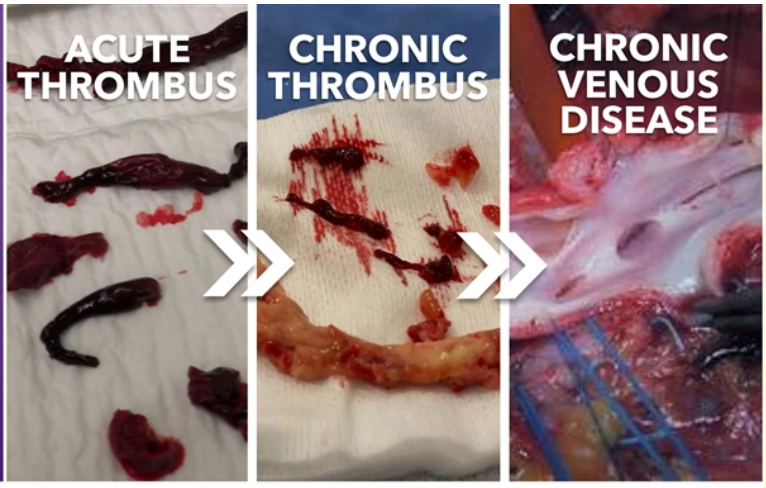
LMR launched in **August**

Enables **complex IVC cases**

New tool for interventionalists treating **DVT and PE**

$4K ASP affords incremental revenue

Chronic Venous Disease prevalence opportunity larger than core TAM



INCIDENCE

~100K
Patients

~$1B
TAM Opportunity

PREVALENCE

~1M
Patients

~$10B
TAM Opportunity

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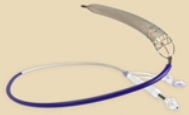
Chronic Venous Disease: addressing the underlying cause via purpose-built devices

~3,000 CT-Bold cases completed

Evaluating **go-to-market options**

Common interventional **call point**

Premium ASP of **~$10K**



ClotTriever BOLD
Launched Mar 2022*

Recanalization Device(s)
In development

Crossing Device
In development

Stent Cleaner Device
In development

"Bold is amazing for treating more-chronic patients… but I CANNOT WAIT for what is coming with the rest of this dedicated toolkit!"

– Dr. Nicolas Mouawad

*To treat acute to chronic clot

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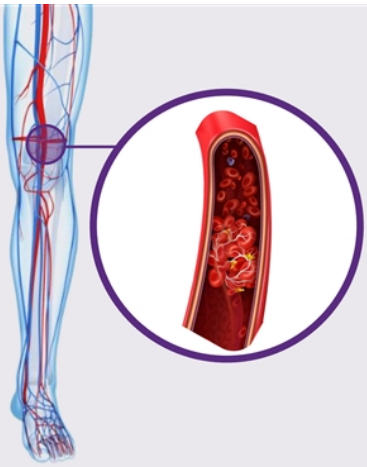
Arterial Thromboembolism large TAM with significant unmet needs



- Acute event – **extensive damage** can happen if not treated quickly
- Includes Acute Limb Ischemia, Acute Visceral Ischemia, and CLI procedures where distal embolization occurs

~80K

US Patient Incidence

~$600M

US TAM Opportunity

INARI MEDICAL

Artix: purpose-built toolkit addressing unmet needs in arterial thromboembolism

Artix MT **LMR in April 2022;**
Balloon Sheath **LMR in July 2022**

Significant **site-of-service and physician overlap**

Targeting an ASP of **~$7.5K**

Additional tools in development

> *"No wonder lytics didn't work on that.*
>
> – Dr. Jerry Chung

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Small Vessel Thrombosis:
No purpose-built solutions exist for this large patient population

AV access thrombosis can result in complications and **loss of access to life-saving dialysis**

~150-200K

US AVF thrombotic events / year

~80K

Addressable US BTK + UE thrombotic events / year

~$1B

Total US Market Opportunity

INARI MEDICAL

InThrill: a purpose-built, novel solution designed to treat small vessels

LMR launched in **August**

Targeting **in-hospital procedures;** significant **treating physician overlap** with **DVT and PE**

Targeting an ASP of **~$4K**

Additional tools in development

"We've been waiting a long time for a mechanical option like this that works.

– Dr. John Ross

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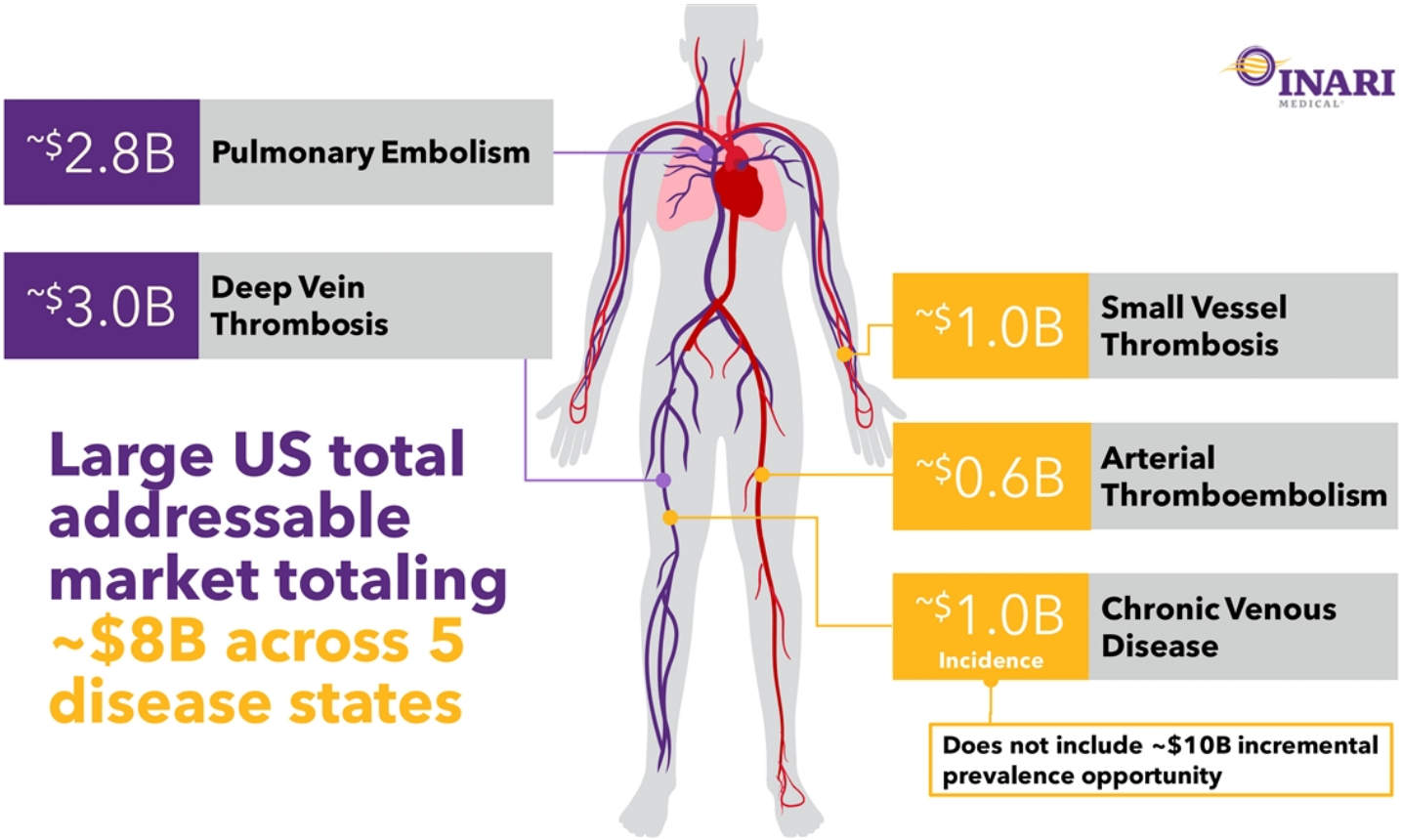
~$2.8B
Pulmonary Embolism
~$3.0B
Deep Vein Thrombosis
~$1.0B
Small Vessel Thrombosis
~$0.6B
Arterial Thromboembolism
~$1.0B
Incidence
Chronic Venous Disease
Does not include ~$10B incremental prevalence opportunity
Large US total addressable market totaling ~$8B across 5 disease states

Substantial global opportunity exists across VTE and three new disease states

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>$20B

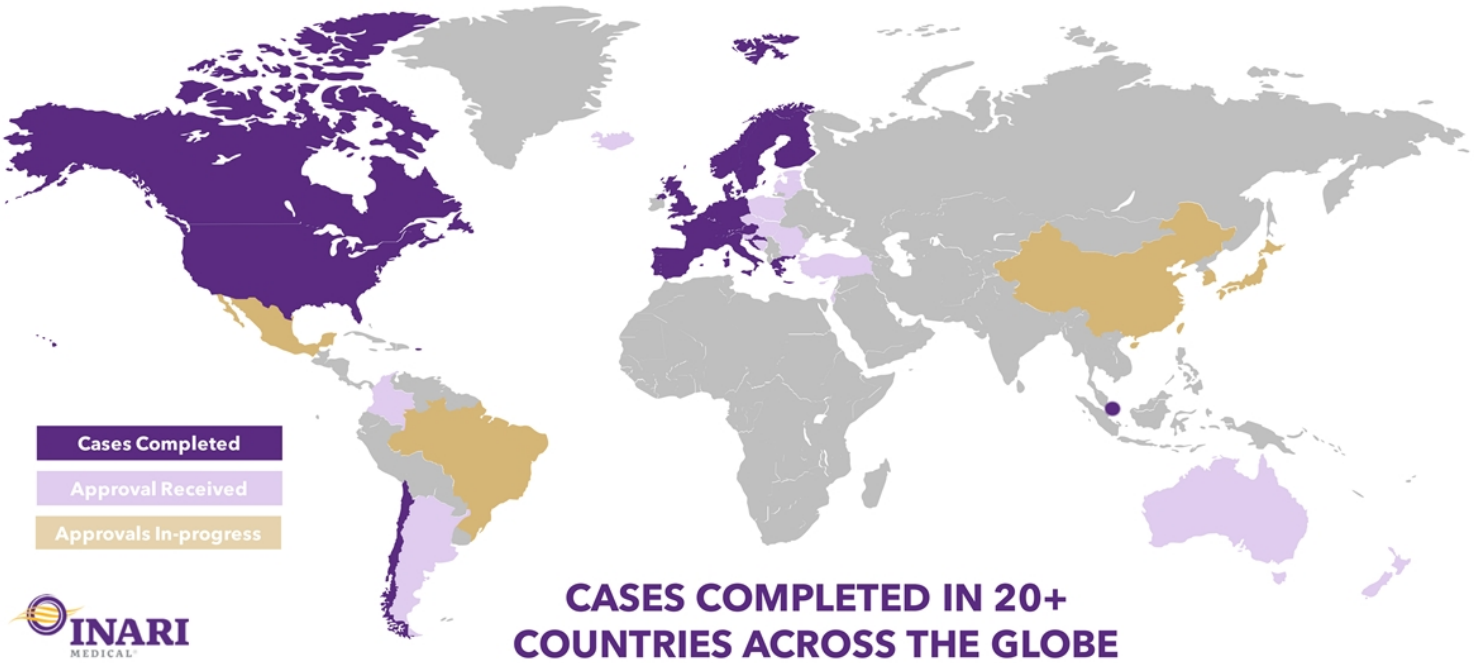
Global Incidence TAM across 5 Disease States

+

~$10B

CVD Prevalence Opportunity (US only)

Laying the foundation to treat patients globally



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CASES COMPLETED IN 20+ COUNTRIES ACROSS THE GLOBE

No small plans.
And we're just getting started

1	EXPANDING US SALES FORCE	BUILDING THE LARGEST INTERVENTIONAL SALES FORCE
2	DRIVING DEEPER PENETRATION	STANDARDIZING PATIENT PATHWAYS
3	BUILDING CLINICAL EVIDENCE	EXECUTING GUIDELINE-CHANGING CLINICAL TRIALS
4	INNOVATING NEW PRODUCTS	DEVELOPING PURPOSE-BUILT SOLUTIONS
5	EXPANDING INTO NEW MARKETS	LAUNCHING INTO NEW ADJACENCIES & GEOGRAPHIES

10 Minute Break

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Physician Panel

Dr. Tom Tu, CMO

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Inari Investor Day

Physician Panel Discussion

Thomas Tu, MD
Chief Medical Officer
Inari Medical
Moderator

Christopher M. Huff, MD
Interventional Cardiology
OhioHealth Riverside Methodist Hospital

Steven Abramowitz, MD
Vascular Surgery
MedStar Washington Hospital Center

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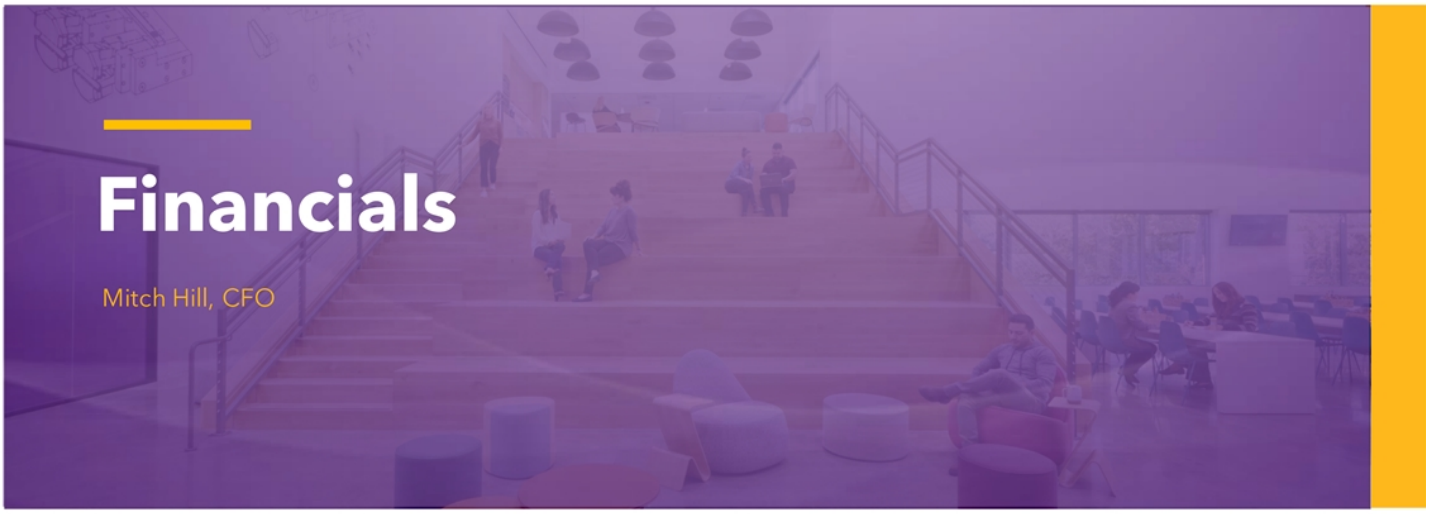
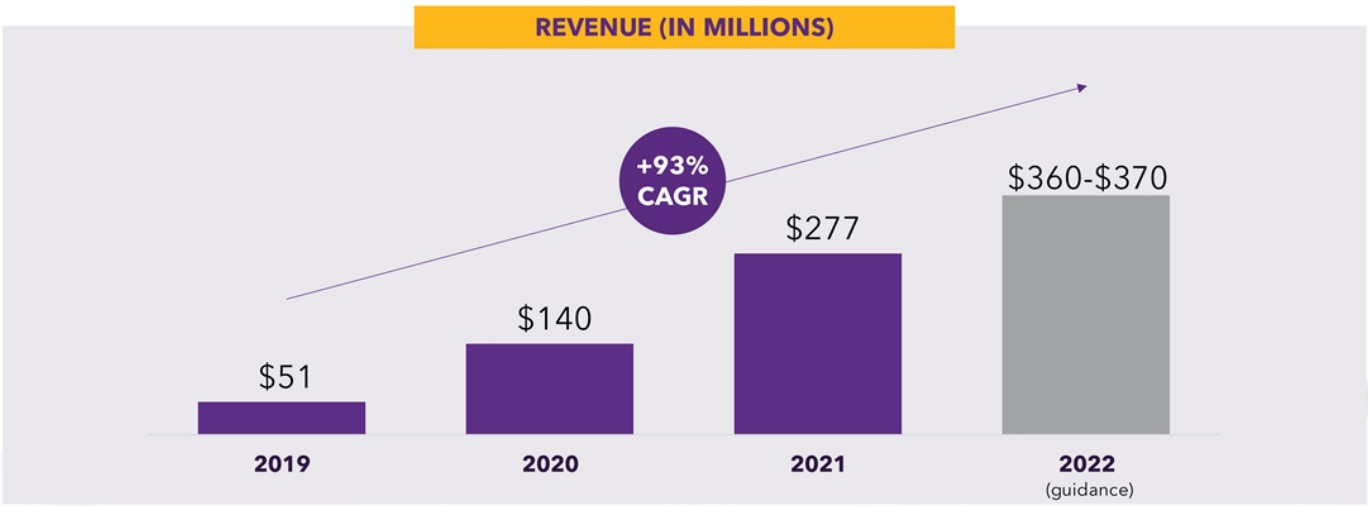


Financials

Mitch Hill, CFO

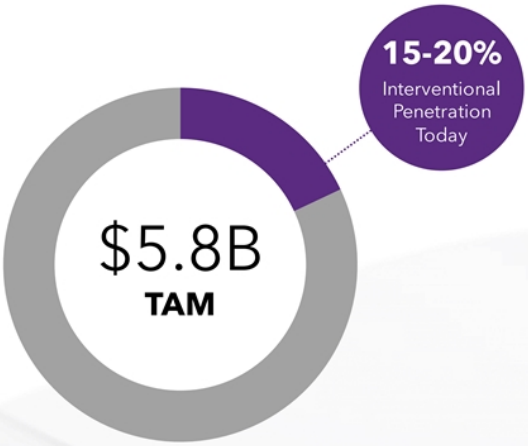
We have a proven track record of industry leading revenue growth



The reference to Inari 2022 revenue guidance is as of Q2 2022 earnings call, and is not being confirmed or updated herein.

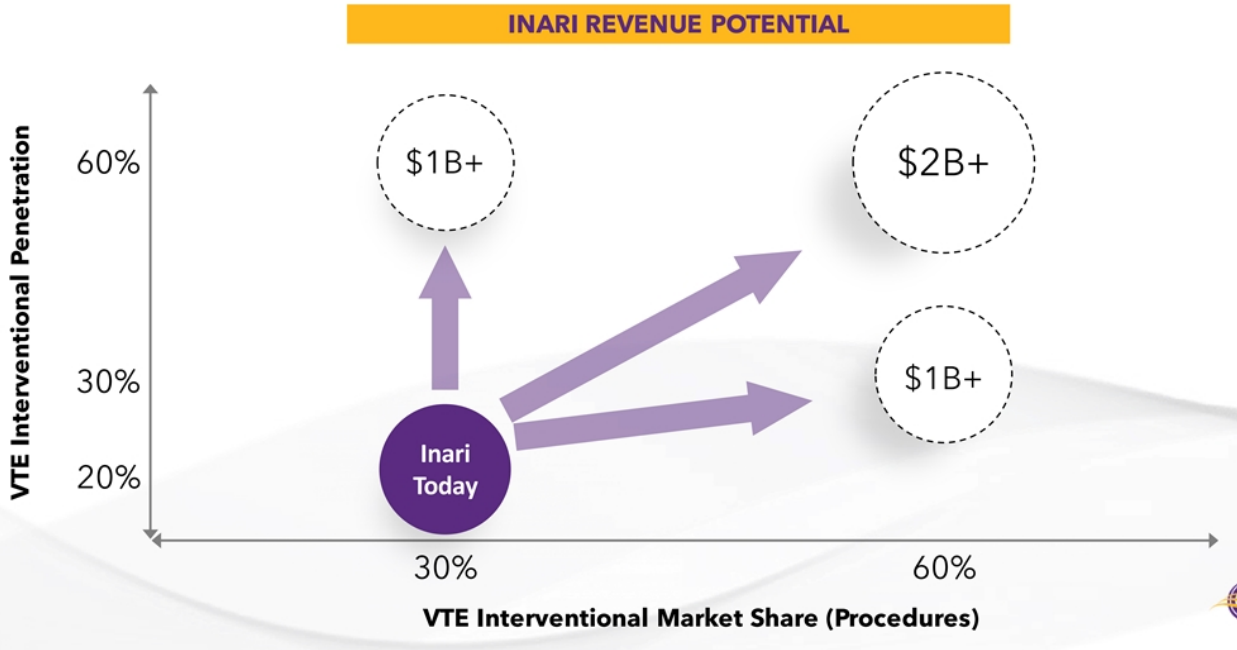
MedTech comps to approximate future VTE market size

VTE PENETRATION TODAY



INTERVENTIONAL PENETRATION PROXIES

Substantial revenue opportunity exists for the leader in $5.8B VTE TAM



Premium growth combined with exceptional margin profile

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Well-positioned for sustained operating profitability

2022

Significant investment in our growth drivers

- Commercial team
- Clinical research
- Product development pipeline
- International

2024+

Sustained operating profitability by 1H 2024

- Large, attractive market
- ~85% target gross margin
- Commercial productivity ramp
- Disciplined investment approach

INARI MEDICAL

All the components of a premium financial profile

- **Market leader in $5.8B underpenetrated US VTE market; expanding into global ~$20B+ TAM**
- **Exceptional gross margin profile**
- **Disciplined investments driving growth, operating leverage and consistent profitability**
- **Strong balance sheet and ~$330M cash position, allowing financial flexibility**

Reference to cash position includes cash, cash equivalents, & short-term investments as of Q2 2022.

Q&A

Closing Remarks

Appendix

Citations

Slide #:	Source(s):
12	• Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413–418
12	• Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence, National Center for Biotechnology Information, May 2017
13, 17, 83	• Hospital claims data • Global Burden of Disease Data per the Institute for Health Metrics and Evaluation (IHME)
31, 32, 91, 92	• Hospital claims data and internal analysis
34	• Hospital claims data and internal analysis
38	• Hospital claims data
46	• Kucher N, Rossi E, De Rosa M, Goldhaber SZ. Massive pulmonary embolism. Circulation. 2006;113(4):577-82
47	• Hospital claims data and internal analysis
61	• Fife, C. E., Publicly Reported Wound Healing Rates: The Fantasy and the Reality. Advances in wound care 2018 • Fife, C.E., From the Editor: The Need for Real Venous Ulcer Data. Today's wound clinic., 2018
76	• Donadini, Marco, et. al., "Prognostic Significance of Residual Venous Obstruction in Patients with Treated Unprovoked Deep Vein Thrombosis." Thrombosis and Haemostasis, vol. 111, no. 01, 2014, pp. 172–179 • Dronkers, C.E.A. et. al., "Deep vein thrombosis : diagnostic and prognostic challenges" Thromb Haemost. 2018 Aug; 118(8):1428-1438 • Hospital claims data and internal analysis
78	• 2021 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2021 • Stolic R: Most Important Chronic Complications of Arteriovenous Fistulas for Hemodialysis. Med Princ Pract 2013;22:220-228 • Quencer KB, Oklu R. Hemodialysis access thrombosis. Cardiovasc Diagn Ther 2017;7(Suppl 3):S299-S308 • Internal analysis
78	• Fleck D, Albadawi H, Wallace A, Knuttinen G, Naidu S, Oklu R. Below-knee deep vein thrombosis (DVT): diagnostic and treatment patterns. Cardiovasc Diagn Ther. 2017 Dec;7(Suppl 3):S134-S139 • Elna M. Masuda, Robert L. Kistner, The Case for Managing Calf Vein Thrombi With Duplex Surveillance and Selective Anticoagulation, Disease-a-Month, Volume 56, Issue 10, 2010, Pages 601-613, ISSN 0011-5029 • Franco, L, Giustozzi, M, Agnelli, G, Becattini, C. Anticoagulation in patients with isolated distal deep vein thrombosis: a meta-analysis. J Thromb Haemost 2017; 15: 1142– 54 • Hospital claims data and internal analysis
80	• Creager MA, Kaufman JA, Conte MS. Clinical practice. Acute limb ischemia. N Engl J Med. 2012 Jun 7;366(23):2198-206 • Howard et. al., Population-Based Study of Incidence, Risk Factors, Outcome, and Prognosis of Ischemic Peripheral Arterial Events. Circulation Vol 132, Issue 19:1805–1815 • Conte MS, et. al., GVG Writing Group. Global vascular guidelines on the management of chronic limb-threatening ischemia. J Vasc Surg. 2019 Jun;69(6S):3S-125S.e40 • Agarwal S, et al. Burden of Readmissions Among Patients With Critical Limb Ischemia. J Am Coll Cardiol. 2017 Apr, 69 (15) 1897–1908 • Internal analysis

Device Indications For Use

The **FlowTriever System®** is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels (2) injection, infusion and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever System is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism.

Triever Catheters are intended for use in peripheral vasculature and for the treatment of pulmonary embolism. The Triever Catheters are also intended for use in treating clot in transit in the right atrium.

The **FlowTriever2® Catheter** is indicated for the non-surgical removal of emboli and thrombi from peripheral blood vessels. Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever2 Catheter is intended for use in the peripheral vasculature.

The **FlowSaver® Blood Return System** is used with Triever Catheters for autologous blood transfusion.

The **Intri24 introducer sheath** is indicated to provide a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions.

Device Indications For Use (cont.)

The **ClotTriever™ thrombectomy system** consists of the ClotTriever catheter and ClotTriever sheath. The ClotTriever Thrombectomy System is indicated for: (1) the non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The ClotTriever Thrombectomy System is intended for use in the peripheral vasculature including deep vein thrombosis (DVT).

The **FlowStasis® Suture Retention Device** is indicated for temporary suture retention following a percutaneous venous procedure.

The **Artix MT thrombectomy device** is indicated for: (1) The non-surgical removal of emboli and thrombi from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Artix MT thrombectomy device is intended for use in the peripheral vasculature.

The **InThrill Thrombectomy System** consists of the InThrill Thrombectomy Catheter and InThrill Sheath. The InThrill Thrombectomy System is indicated for: (1)The non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The InThrill Thrombectomy System is intended for use in the peripheral vasculature. The InThrill Thrombectomy System is not intended for use in deep vein thrombosis (DVT) treatment.

Device Indications For Use (cont.)

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

Refer to Instructions for Use for complete indications for use, contraindications, warnings, and precautions.