Our **Ethos** and **Sustainability Report**

2023

INARI MEDICAL®

A Message from Our CEO

With our third annual Ethos and Sustainability Report, I'm pleased to report on Inari Medical's 13-year history of researching, treating and transforming the lives of patients suffering from venous and other diseases. As our business has expanded, including through our acquisition of LimFlow in late 2023, so too has our mission. Our Ethos, however, has remained unchanged.

Patients first. No small plans. Take care of each other.

These are the guiding principles that drive every decision at Inari Medical. We are committed to improving lives in extraordinary ways by creating innovative solutions for unmet patient needs. Inari Medical is pushing the limits of science through innovation and clinical evidence, while disrupting legacy treatment paradigms in both venous thromboembolism and four other targeted disease states. Over the course of 2023, we continued to invest significant time and resources into advancing our mission and ESG initiatives through continued adherence to our Ethos. We remain dedicated to our patient-focused mission and being responsible corporate citizens. We hope our 2023 Ethos and Sustainability Report reflects that dedication.

I believe our foundation has never been stronger, and our prospects never more promising. We have the right people, capabilities, pipeline, and sense of urgency to execute and deliver on our plans. And we are just getting started.

Drew Hykes, Chief Executive Officer

Our Ethos

Patients first.
Always.

Make no small plans.
Ever.

Take care of each other.
Constantly.

INARI
MEDICAL®

Who We Are

We are a medical device company with a mission-driven team of employees dedicated to developing purpose-built systems for the treatment of significant unmet medical needs.

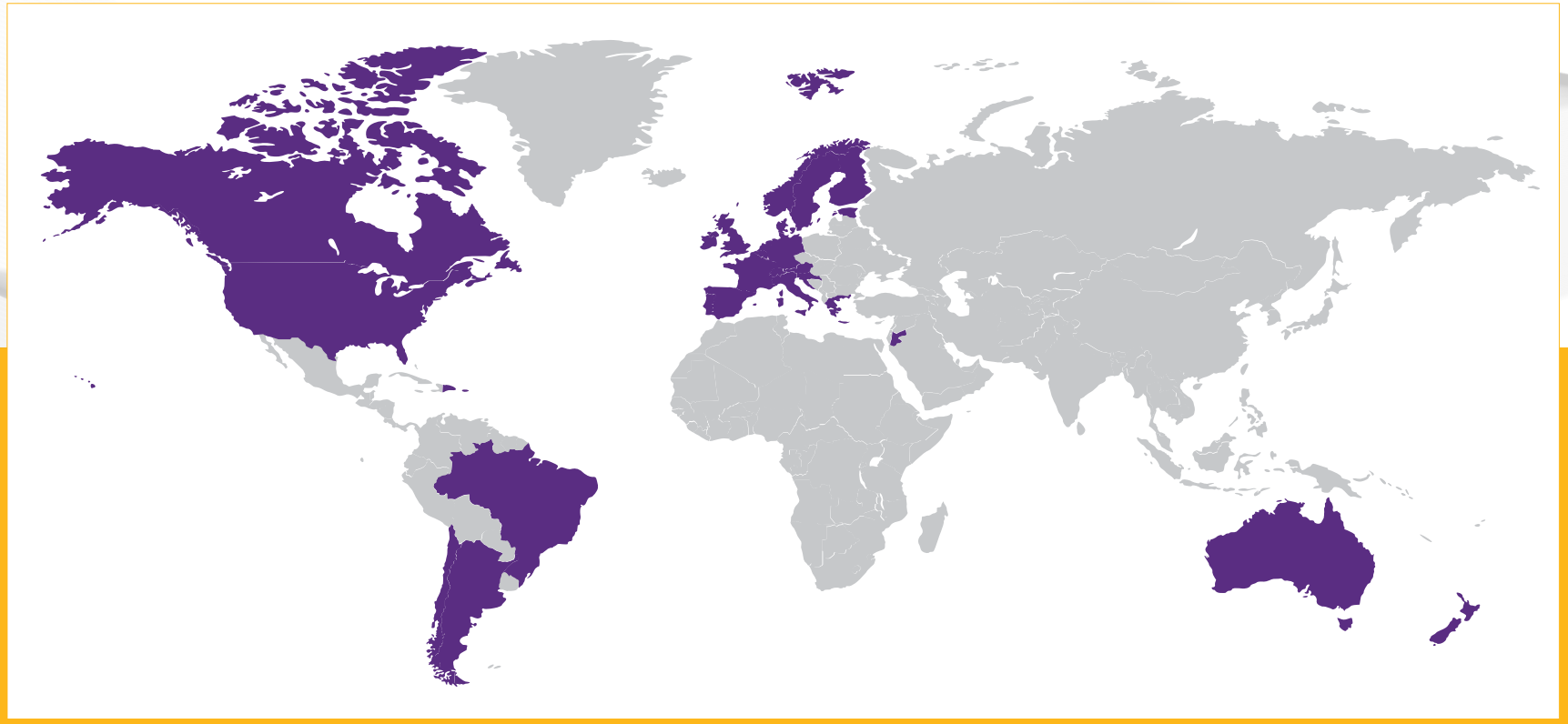
We are steadfast in our responsibility to transform the lives of our patients in the most extraordinary ways.

Headquartered in Irvine, **California**

We have over **1,300 employees**

We appreciate the continued support of our stakeholders who have joined us on this journey.

Treating Patients Across the World



Cases completed in 30+ countries around the globe

Patients first.
Always.

At Inari, patients are our passion. Every person has a story, a life, and people who care about them, and we embrace the responsibility of our mission to treat and transform the lives of those suffering from complex diseases. Through innovative, purpose-built solutions, we work toward making the world a little better, one patient at a time.

We think deeply about the urgency of addressing unmet needs in venous thromboembolism (VTE) and our other target diseases. We organize our resources and expertise to develop purpose-built medical devices to help patients preserve their lives and live more fulfilling lives.

To learn more about our patients and their stories, please see the Patient Stories on our website **www.inarimedical.com**.

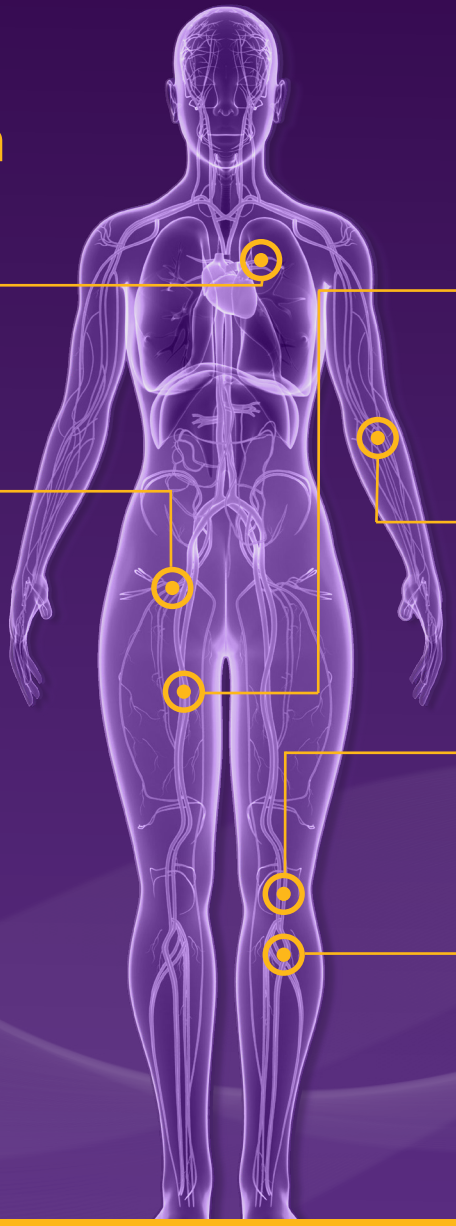
Audry, Detroit, MI

Treated with **FlowTriever** system

Venous Thromboembolism

- Pulmonary Embolism (PE)
- Deep Vein Thrombosis (DVT)

We Focus On



Emerging Therapies

- Chronic Venous Disease
- Dialysis Access Management
  + small venous thrombus
- Acute Limb Ischemia
- Chronic Limb Threatening Ischemia

Transforming the Lives of Patients Suffering from DVT

Patients with DVT can experience swelling, cramping, and unexplained pain in the foot, ankle, or leg, warm skin, and discoloration of the skin. Symptoms can persist and worsen over time if left untreated and can ultimately progress into chronic venous disease. If DVT is treated with conservative therapies only (i.e. anticoagulant drugs or A/C), patients can develop painful, debilitating ulcers, and up to 50% of patients will develop post-thrombotic syndrome, or PTS, a severe lifestyle-limiting disease that is characterized by chronic pain, swelling, and skin ulcers.

DVT

- A/C **alone leaves clot behind** in up to **half** of patients[1]
- **Lytics don't address chronic clot,** and come with bleeding risk
- Up to **50% develop Post-Thrombotic Syndrome** (PTS)[2]

DVT TAM

Intervention **Conservative Mgmt (A/C)**

We estimate that approximately 430,000 people in the United States each year present with DVT.

1. Young et al., Post-treatment residual thrombus increases the risk of recurrent deep vein thrombosis and mortality. J Thromb Haemost 2006; 4: 1919–24.
2. Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413–418.

Transforming the Lives of Patients Suffering from PE

PE represents the third leading cause of cardiovascular death in the United States after myocardial infarction and stroke. Patients with PE can experience trouble breathing, chest pain, coughing blood, rapid heartbeat, passing out and, ultimately, death. Up to 50% of patients who survive have long-term residual pulmonary vascular obstruction due to the body's inability to break down and eliminate the clot. These patients may experience significant impaired function of the heart and lungs, shortness of breath, reduced exercise capacity and lifestyle limitations, and have a statistically higher rate of recurrent PE, pulmonary hypertension, heart failure, and **death.**

PE

- **3rd leading cause of cardiovascular** death[1]
- **A/C alone leaves clot behind** in up to **half** of patients[2,3]
- **Long-term complications are common**[4]

PE TAM

Intervention **Conservative Mgmt (A/C)**

We estimate that approximately 280,000 people in the United States each year present with PE.

1. "Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence", National Center for Biotechnology Information, May 2017.
2. Picart, et al. Predictors of residual pulmonary vascular obstruction after pulmonary embolism: Results from a prospective cohort study. Thrombosis Research. 2020.
3. Dzikowska-Diduch, et al.The post-pulmonary syndrome - results of echocardiographic driven follow up after acute pulmonary embolism. Thrombosis Research. 2020.
4. Sista AK, et al. Vasc Med. 2017 Feb;22(1):37-43

Continuing our mission to help more patients in need.

Chronic Venous Disease

Chronic venous disease, or CVD, often progresses from DVT and includes scarred vein walls and wall-adherent obstructions. If these obstructions are left unaddressed, patients can develop painful, debilitating ulcers and ultimately progress to PTS. Because of the severity and lifestyle-limiting nature of CVD symptoms, approximately **90% of patients with PTS** are **unable to work 10 years after diagnosis.**[1]

90%
of patients with PTS are unable to work 10 years after diagnosis.

100,000
people in the U.S. each year present with a new case of CVD.

1. Kahn SR, Ginsberg JS. Relationship between deep venous thrombosis and the post-thrombotic syndrome. Arch Intern Med 2004;164: 17-26.

Dialysis Access Management

+ Small Venous Thrombosis

Small venous thrombosis refers to clots that occur in the smaller vessels, including the upper extremities, below the knee, and arteriovenous (AV) access thrombosis, primarily in dialysis fistulas or grafts. Thrombosis that occurs at the AV access point in an AV fistula or graft can result in loss of access to life-saving dialysis. With respect to dialysis patients, current treatments to remove clot from the AV access result in clot fragments being sent to the lungs, exacerbating pulmonary hypertension in already sick patients.

150,000-200,000
of patients in the U.S. each year present with AV access thrombosis

80,000
patients present with thrombosis below the knee or upper extremities.

Acute Limb Ischemia

Acute limb ischemia (ALI), acute visceral ischemia, and certain cases of chronic limb ischemia are all acute embolization events that can cause extensive damage if not treated quickly. Due to the emergent nature of these diseases and the lack of purpose-built solutions, distal embolization and vessel trauma can occur. If a patient is not a candidate for open embolectomy, they are often treated with thrombolytic drugs or other conservative forms of medical treatment.

Over 50%
of patients required open surgical procedures.

80,000
patients in the U.S. present with ALI or other thromboembolism problems.

Chronic Limb-Threatening Ischemia (CLTI)

Peripheral arterial disease (PAD) in the legs or lower extremities is the narrowing or blockage of the vessels that carry blood from the heart to the legs. Chronic limb-threatening ischemia (CLTI) is an advanced stage of peripheral artery disease that is associated with increased mortality, risk of amputation and impaired quality of life. No-option CLTI patients are those who are facing major amputation and have exhausted all other therapeutic options.

~560k

Annual incidence of CLTI patients in the US

~55k

CLTI patients with no option other than amputation in the US

Our products transform patient care with the following key benefits:

VENOUS THROMBOEMBOLISM

Efficient, short, **single-session treatments** with **no capital equipment**

Lytic-free approach with minimal blood loss

Avoid procedure related **ICU** stay

Short total hospital stay

Established procedural reimbursement

CHRONIC LIMB-THREATENING ISCHEMIA (CLTI)

Allow for a **minimally-invasive procedure**

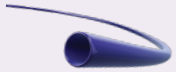
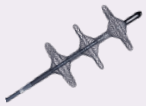
Provide for a **reproducible procedure** across diverse treatment sites and physicians

Reduce pain and **promote wound healing**

Increase the chance of **limb salvage**

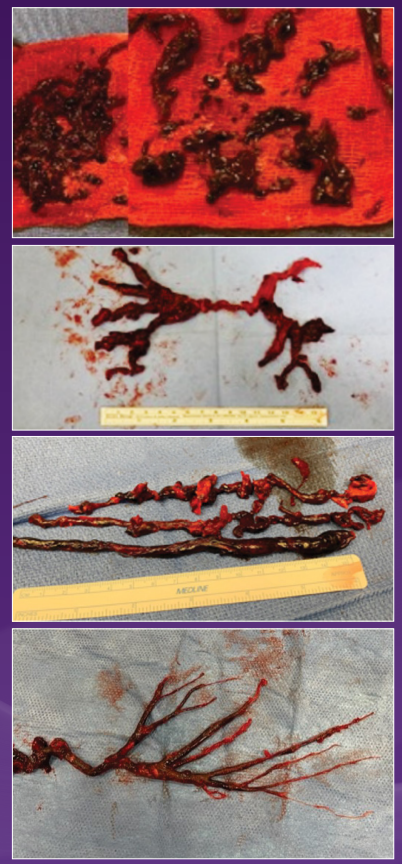
FlowTriever® System:
A full toolkit approach to PE

The **FlowTriever** system is a large-bore catheter-based aspiration and mechanical thrombectomy system designed to remove large clots from large vessels to treat **PE**.

Safely, Quickly Track Through the Heart	Large Clot Hauls Without Lytics	Address Challenging Clot or Anatomy		Minimal Blood Loss
 **Triever Gen 4** Catheters	 **Large-Bore** Aspiration	 **Triever16 Curve®** Catheter	 **Triever20 Curve®** Catheter	 **FlowSaver®** Blood Return System
 **Intri24®** Sheath	 **Large-Bore** Syringe and **Whoosh** Mechanism	 **FlowTriever** Catheters	 **FlowTriever2** Catheter*	 **FlowStasis®** Suture Retention Device

*The FlowTriever2 catheter is not indicated for the treatment of PE in the US.

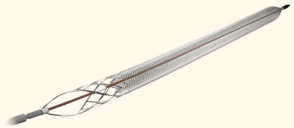
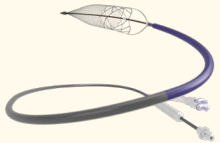
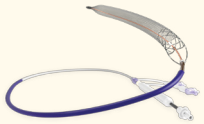
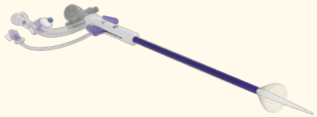
While the data is compelling, we believe the **"CLOT HAUL"** images tell the real story.



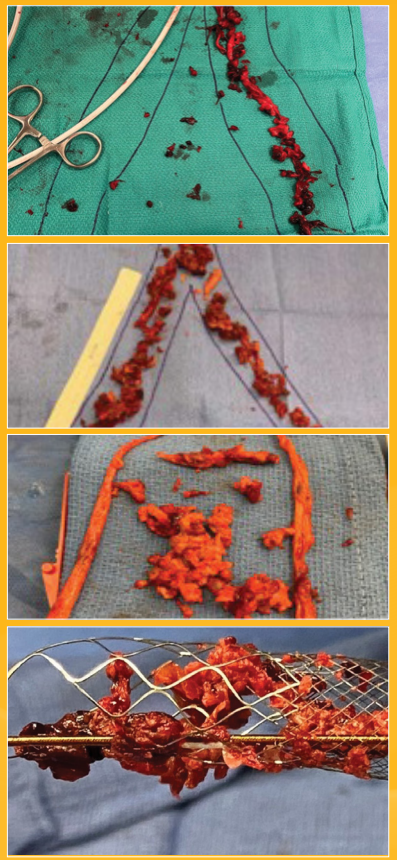
ClotTriever® System:

A comprehensive solution for DVT and peripheral thrombus

The **ClotTriever** system is a mechanical thrombectomy system designed to core, capture and remove large clots from large vessels and is used to treat DVT.

Access	Acute to Chronic Clot Removal	Comprehensive DVT
 **ClotTriever** Sheath - 13F and 16F	 **ClotTriever** Catheter	 **ClotTriever XL** Catheter
	 **ClotTriever BOLD** Catheter	 **Protrieve™** Sheath

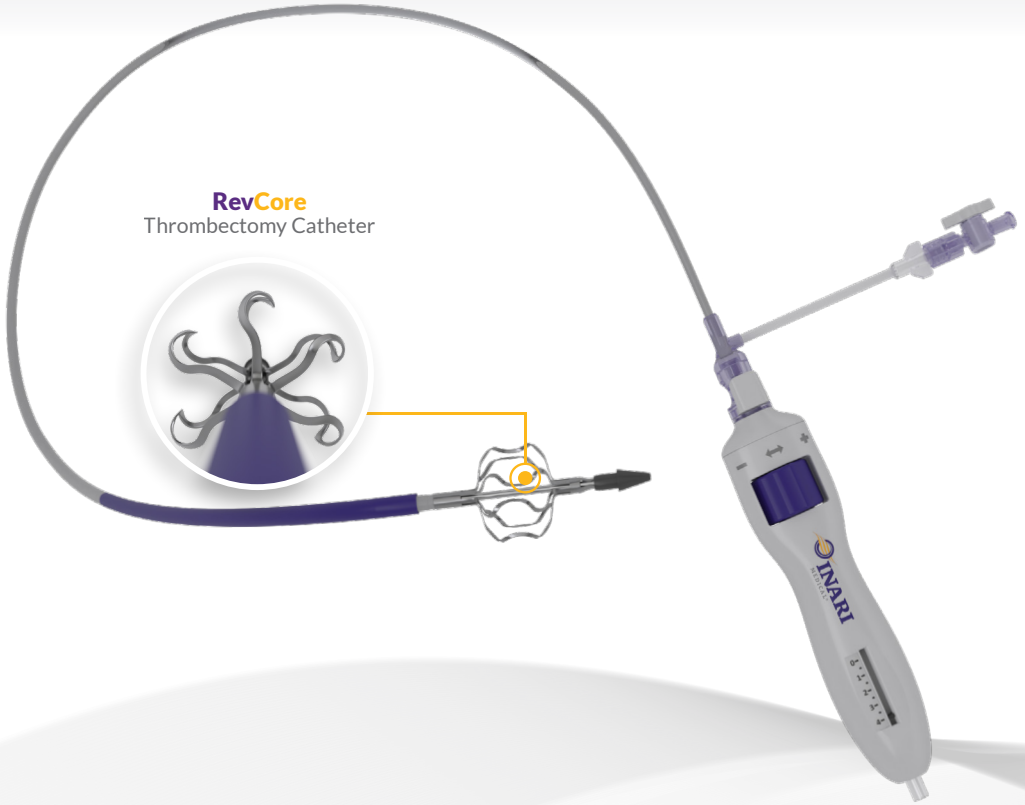
While the data is compelling, we believe the "CLOT HAUL" images tell the real story.



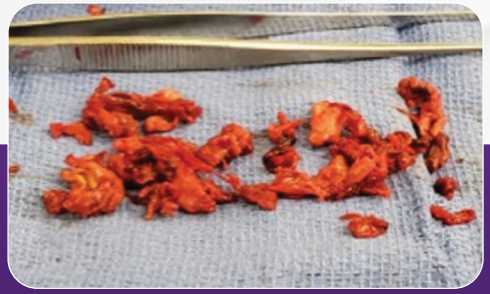
Chronic Venous Disease Toolkit

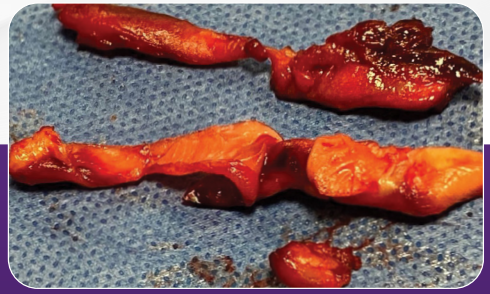
We are currently designing a toolkit for treating CVD, including **ClotTriever BOLD** and the RevCore Thrombectomy catheter. The **ClotTriever BOLD** catheter is similar to the original **ClotTriever** catheter and is designed to core, capture and remove large clots from large vessels and address a range of clot chronicity, from acute to chronic clot.

The RevCore Thrombectomy catheter is the first mechanical thrombectomy device developed to treat acute to chronic in-stent thrombosis.



ClotTriever BOLD
Catheter





InThrill™ Thrombectomy System:

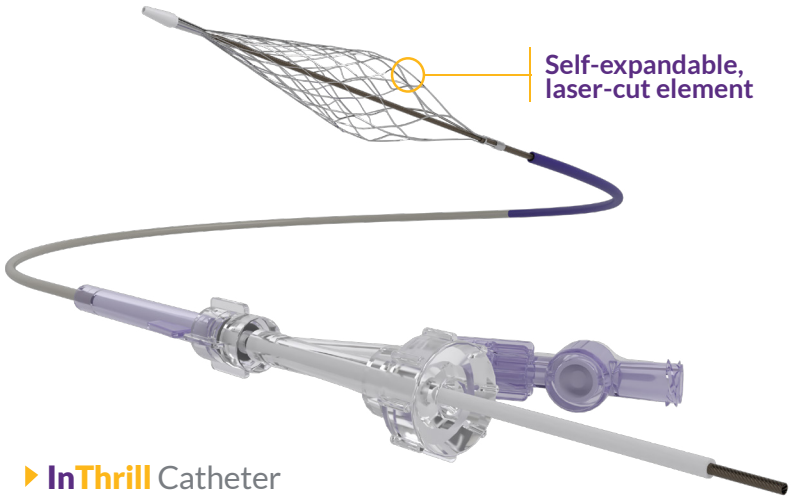
A solution for smaller vessels, including AV access thrombosis

Hemodialysis patients are at greater risk of PE compared to the general population and have a **12.2x increased risk of mortality from PE.**[1] By removing thrombus, the InThrill™ thrombectomy system provides a unique solution for thrombosed AV fistulae and grafts, a condition that occurs **up to 2x a year among hemodialysis patients** and can result in short and long-term consequences.[2]

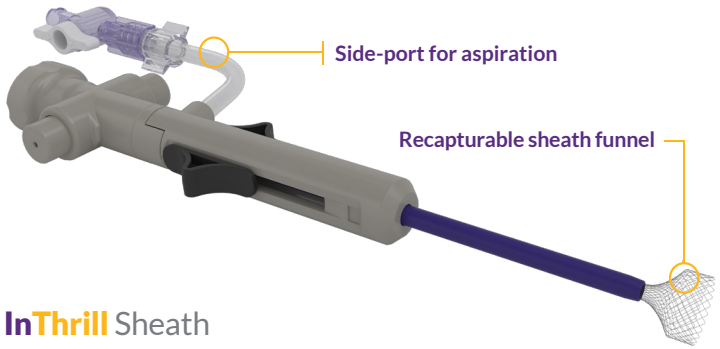
Effectively **extracts clots**

Addresses **range of clot chronicity**

Purpose-built for 4-10 mm vessels



InThrill Catheter



InThrill Sheath

1. Ocak G, et al. J Thromb Haemost. 2012 Dec;10(12):2484-93.
2. Quencer KB, Oklu R. Cardiovasc Diagn Ther. 2017 Dec;7(Suppl 3):S299-S308.

LimFlow® System - Transforming the Treatment of CLTI

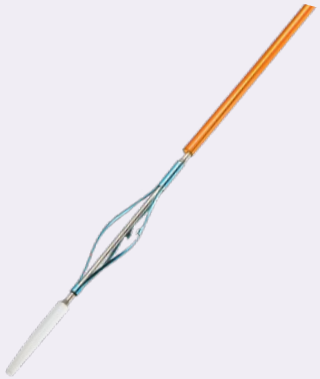
Chronic Limb Threatening Ischemia (CLTI): The LimFlow® System

Transcatheter Arterialization of Deep Veins (TADV) with the LimFlow System:

Arteriovenous Crossing

Crossing and Snare Mesh Catheters

Vein Preparation

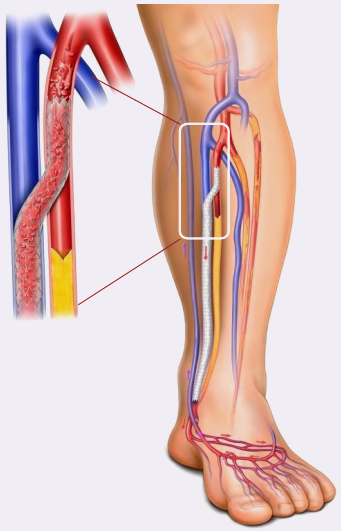


Push Valvulotome

Flow Diversion

Conical and Straight Stent Grafts

Arterialized Veins Post-LimFlow



LimFlow System Highlights

- **Call Point:** Vascular surgery & interventional radiology / cardiology
- **Site of Service:** Primarily hospital-based peripheral interventions
- **Only On-Label Device for No-Option CLTI.** FDA PMA Approved in Sept. 2023
- **PROMISE II study published in NEJM**, the world's leading medical journal

INDICATIONS FOR USE: The device is indicated for patients who have chronic limb-threatening ischemia with no suitable endovascular or surgical revascularization options and are at risk of major amputation. Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. All trademarks are property of their respective owners.

Our Commitment to Research and Access to Treatment

We estimate, in the United States alone, our devices currently treat approximately only 7% of VTE patients that could benefit from intervention.

We believe it is our responsibility to ensure access to treatment for all patients. This access starts with building clinical evidence. Since our inception, we have focused on generating clinical data to demonstrate the safety and efficacy of our products and build evidence to support updating the guidelines for the treatment of VTE and other diseases.

Our physicians rely on the data, and it is the right thing to do for our patients. We have undertaken evidence generation with urgency, setting the bar high for current and future competitors.

Built with purpose. Backed by evidence.

130,000+	Patients treated
2,000+	Patients studied
450+	Peer-reviewed publications
20+	Active or completed investigator-initiated research projects
7+	Major prospective studies, including three ongoing randomized controlled trials (RCT)

PEERLESS PEERLESS II DEFIANCE

Generating Real World and Broad Evidence
to Drive Adoption—Including Investment in RCTs

PE STUDIES

FLASH
FlowTriever® System
Percutaneous Pulmonary Embolectomy Clinical Registry Study

Largest Prospective PE Device Study

1185 Patients
75 Sites

ENROLLMENT COMPLETE

FLAME
FlowTriever for Acute Massive Pulmonary Embolism

Largest Prospective High-risk PE Device Study

115 Patients
11 Sites

ENROLLMENT COMPLETE

PEERLESS
RCT of FlowTriever system vs. catheter-directed thrombolytics in pulmonary embolism

First & Only Head-to-Head Advanced Therapy RCT (FlowTriever vs. CDT)

692 Patients
58 Sites

ENROLLMENT COMPLETE

PEERLESS II
RCT of FlowTriever system vs. anticoagulation alone in pulmonary embolism

RCT Designed to Establish Standard of Care (FlowTriever vs. AC alone)

1,200 Patients
100 Sites

ENROLLING

DVT STUDIES

CLOUT
ClotTriever® System
Clinical Registry Study

Largest Prospective DVT Thrombectomy Study

500 Patients
47 Sites

ENROLLMENT COMPLETE

DEFIANCE
RCT of ClotTriever system vs. anticoagulation in deep vein thrombosis

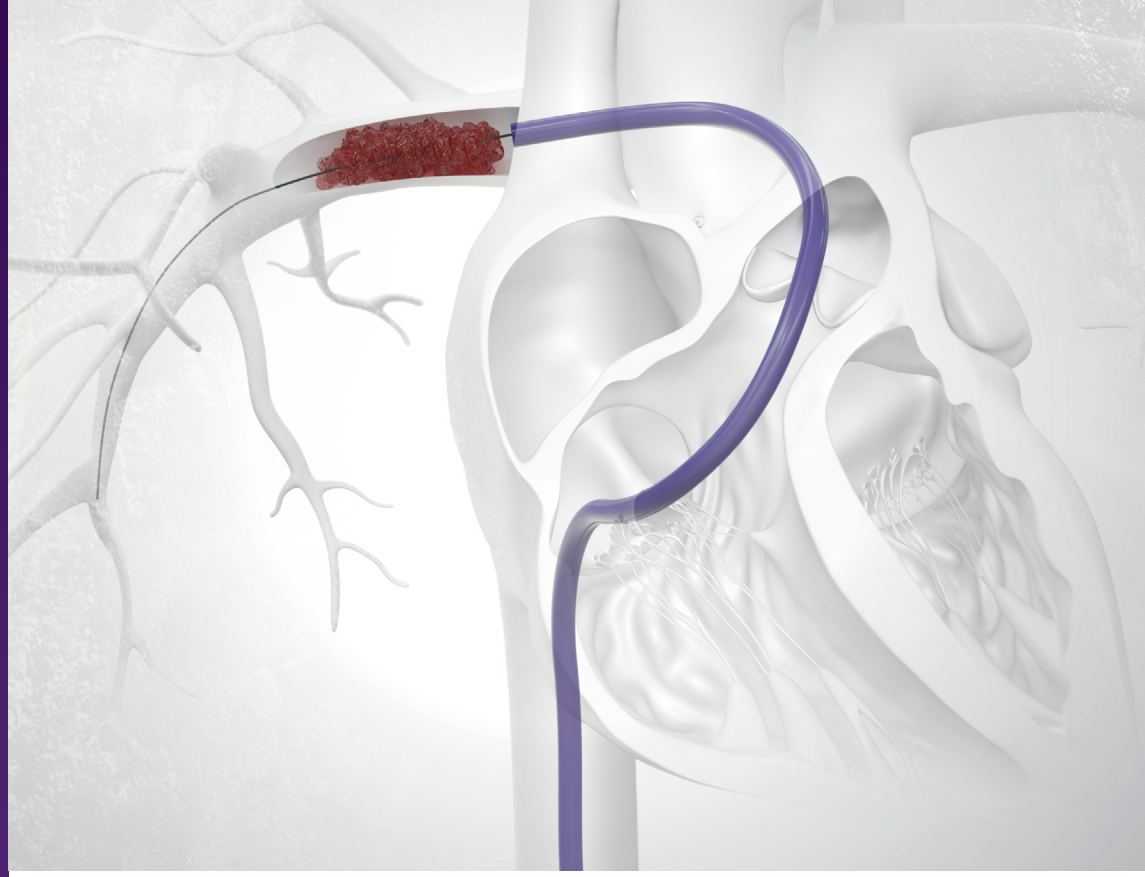
First Industry Sponsored DVT RCT (ClotTriever vs. A/C)

300 Patients
60 Sites

ENROLLING

~3,800 patients across **6 studies**

FLASH is the largest prospective interventional registry of PE evaluating patient outcomes after treatment with the FlowTriever® system.

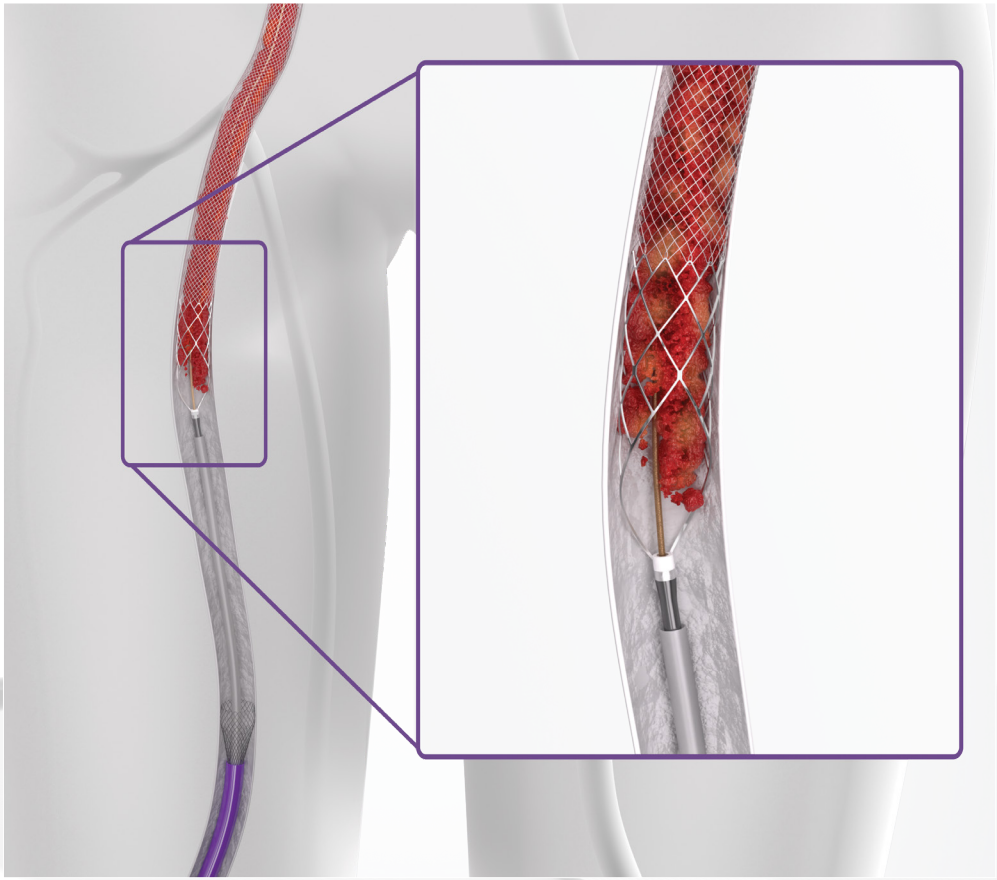


<1.0%
All-cause mortality at 30-day follow-up
N=734

Immediate Hemodynamic Improvement

800 U.S. patients enrolled and published

CLOUT: the largest mechanical thrombectomy study in the field of DVT evaluating real world patient outcomes after treatment with the ClotTriever® system.



500 patient | 1 year outcomes

>90%

Complete or near complete thrombus removal[1]*

n=486

*>75% thrombus removal determined by Independent core laboratory-assessed Marder scores

40 mL

Median estimated blood loss[1]

n=446

~90%

Of patients free from moderate or severe PTS symptoms at 1 year[2]

n=285

1. Dexter D., Kado H., Shaikh A., et. al., Safety and Effectiveness of Mechanical Thrombectomy from the Fully Enrolled Multicenter, Prospective CLOUT Registry, Journal of the Society for Cardiovascular Angiography & Interventions, Volume 2, Issue 2, 2023, 100585.

2. One Year Outcomes from the Multicenter Prospective CLOUT Registry presented by Dr. David Dexter VEINS 2023

FLAME

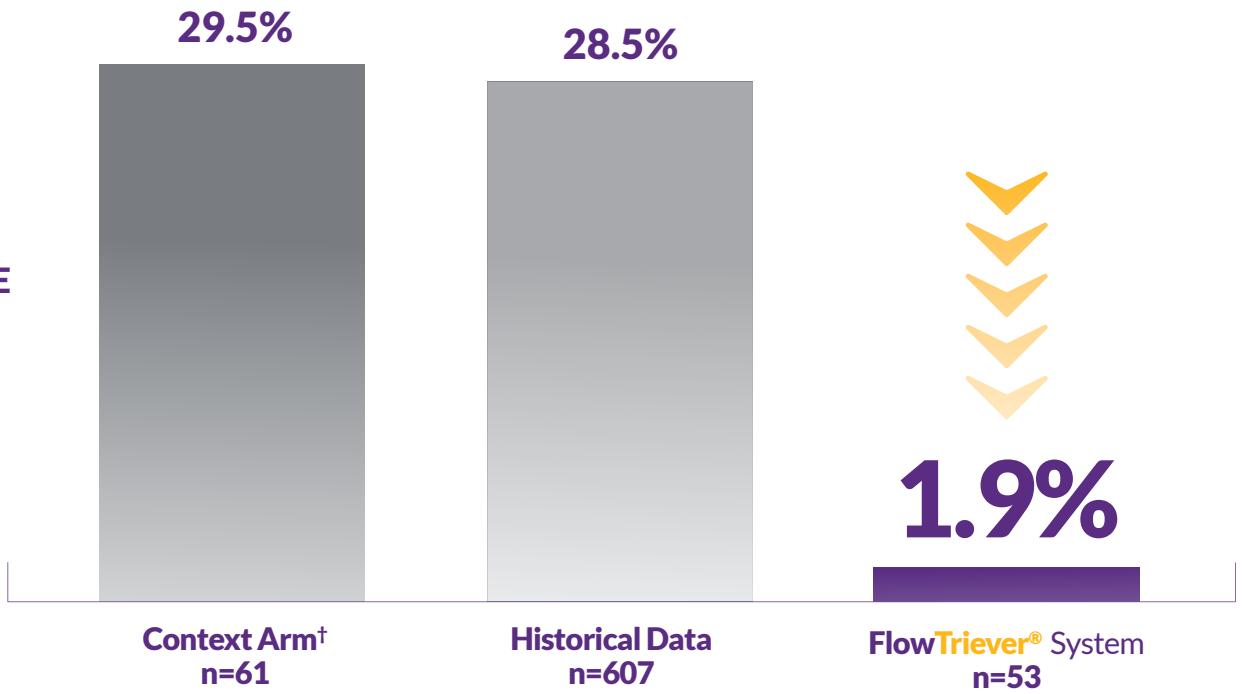
FlowTriever for Acute Massive Pulmonary Embolism

FLAME is the largest prospective study of interventional treatment in high-risk PE and designed to generate high-quality evidence to advance the treatment of PE patients.

1.9%

Mortality in High-Risk PE Patients Requiring Advanced Intervention[1]

In-hospital Mortality



†Context arm patients were treated with systemic thrombolysis (68.9%), anticoagulation alone (23.0%), CDT (6.6%) or surgical thrombectomy (1.6%)
*>90% reduction in high-risk PE in-hospital all-cause mortality vs. other contemporary treatments in historical data

1. Silver, M J, et al. Outcomes in High-risk Pulmonary Embolism Patients Undergoing FlowTriever Mechanical Thrombectomy or OtherContemporary Therapies: Results from the FLAME Study. Circ. Cardiovasc. Interv. 2023 Oct 17.

Robust Clinical Evidence with Publication in the World's Leading Medical Journal[1]

PROMISE II | A Landmark Peripheral Artery Disease Study

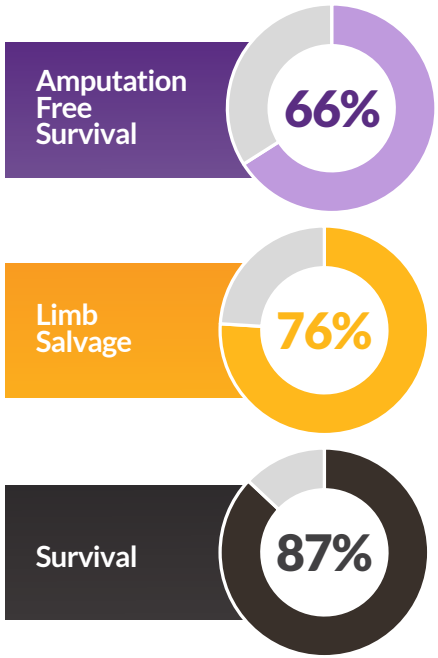
PROMISE II Clinical Trial Overview

Trial Enrollment
105 Patients
20 US Sites

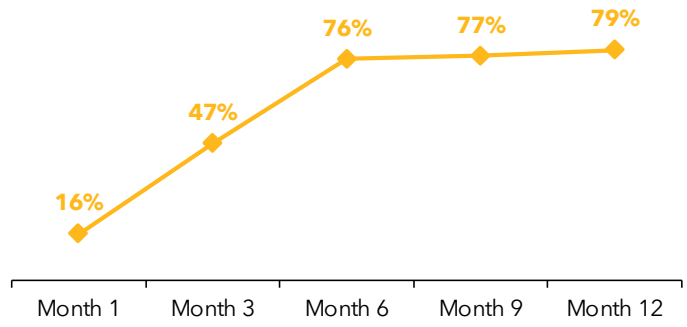
Primary Endpoint
Free Survival at Amputation 6 Months
(Pre-Specified Literature-Based Goal of 54%)

Inclusion Criteria
- No-Option CLTI
- Rutherford 5 or 6
- Stable Dialysis Allowed

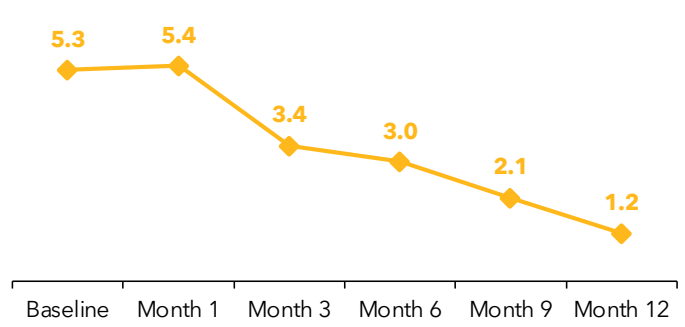
Unprecedented Outcomes for End-Stage CLTI Patients at 6 Months



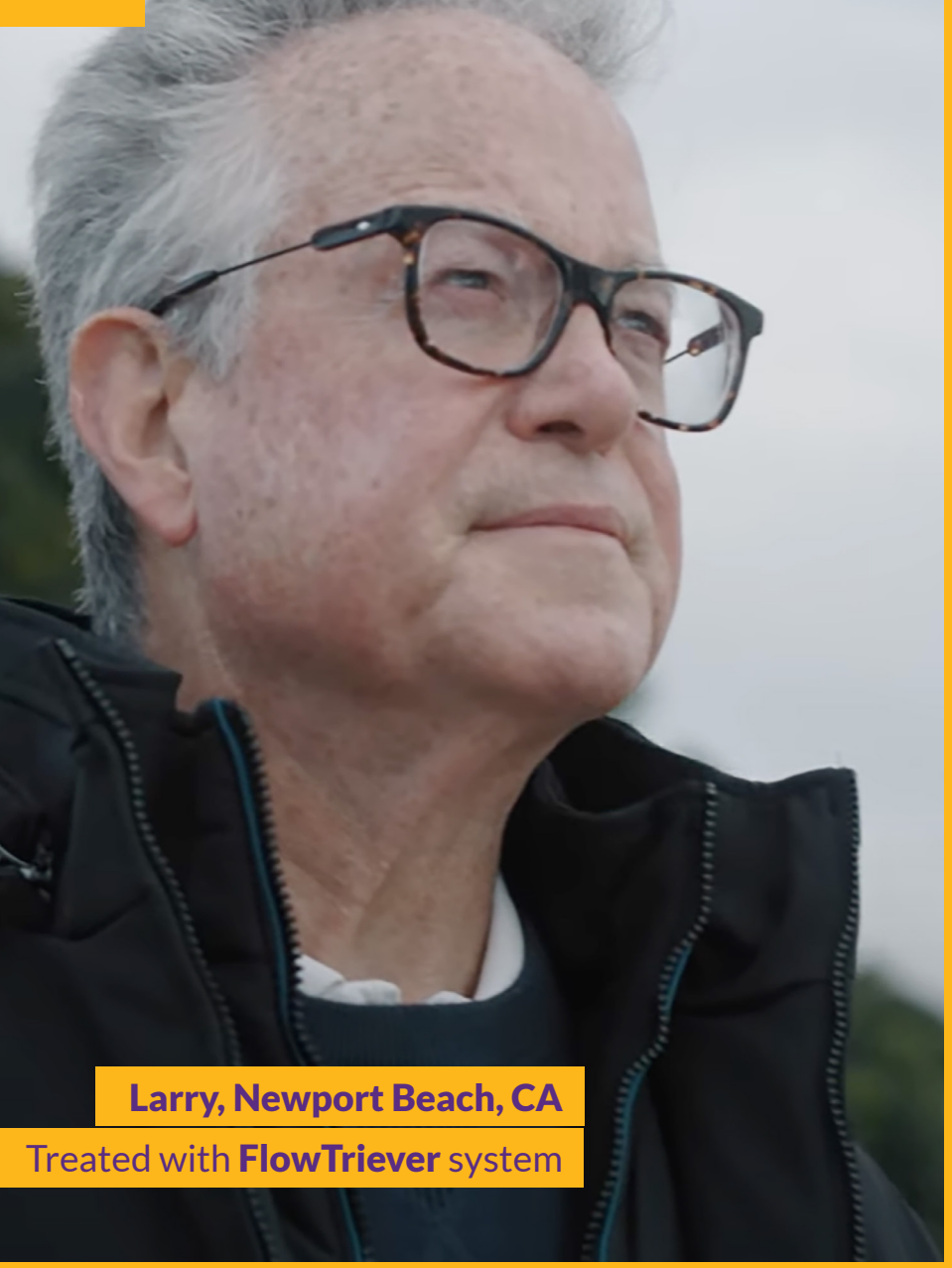
Average Wound Healing Over Time (Healed + Healing)



Average Pain Score (0 – 10 Scale) Over Time



Shishehbor, et al. Transcatheter Arterialization of Deep Veins in Chronic Limb Threatening Ischemia. N Engl J Med 2023; 388:1171 1180.



Larry, Newport Beach, CA

Treated with **FlowTriever** system

Transformative Patient Experience

Transformation requires changing the healthcare system on behalf of patients. Current guidelines for the treatment of VTE and our other disease states suggest that treatment with anticoagulant drugs alone is the standard of care. This is despite ever-increasing evidence supporting interventional therapy generally and mechanical thrombectomy specifically, including the positive results from our FLASH, FLAME and CLOUT studies highlighted in this report.

Alarmingly, many of these patients never see a physician who is a VTE expert.

75% of intermediate-high risk PE patients do not receive interventional consult.[1]

We believe that the standard of care for the treatment of VTE will evolve to the use of anticoagulant drugs combined with catheter-based interventions, similar to that of other thrombotic diseases, such as heart attack and stroke.

We believe our purpose-built products are further driving this evolution of treatment, and we are committed to changing the standard of care for DVT and PE, and other complex diseases.

In this regard, we have hired a dedicated team of professionals to educate treating physicians and hospitals about the benefits of having a dedicated VTE response team, institutional guidelines for treatment of VTE and a comprehensive quality review of VTE programs.

1. Lacey MJ, et al. Prospective Experience of Pulmonary Embolism Management and Outcomes. J Invasive Cardiol. 2021 Mar;33(3):E173-E180.

VTE EXCELLENCE™

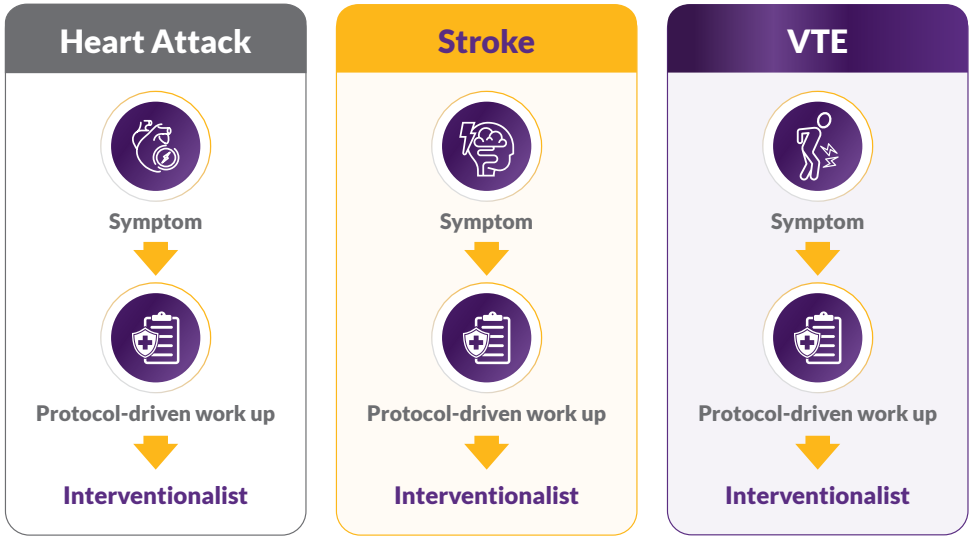
A Paradigm Shift in Venous Disease Treatment

Our efforts to improve VTE treatment awareness and procedural excellence overlap with our continued push for more robust clinical evidence and collaboration with key stakeholders, including physicians who treat VTE as well as non-interventional stakeholders. We refer to our comprehensive and cohesive market development approach as VTE Excellence.

An increasing number of hospitals have now installed VTE coordinators, who help ensure appropriate triage and treatment for patients, as a direct result of our VTE Excellence efforts.

We provide ongoing training and development for VTE coordinators throughout the United States. We continue to commit significant resources to VTE Excellence in order to ensure the best possible solutions and outcomes for our patients.

We strive to create programs like the ones for heart attack and stroke to ensure that patients who should receive interventional consultation for venous disease are not missed.



Product Safety

Product safety is at the core of everything we do for our patients. We are committed to developing and marketing safe, high-quality products to treat VTE and other complex diseases. Effective treatment hinges upon excellence in product design and development to ensure robust and reproducible manufacturing processes that enable exceptional patient outcomes and patient safety. Without careful attention to critical quality attributes, a product could fail to meet the intended effectiveness or result in patient harm. For that reason, we are focused on excellence in design, manufacturing, and supply chain management of our products, optimizing performance and patient outcomes.

We assure excellence in product quality through our Quality Management System (QMS). Our QMS entails an effective and independent quality organizational structure, Quality Manual, policies, operational guidance documents, robust processes, and sufficient resources to deploy and oversee compliance to our QMS. Our Quality Assurance teams inspect and verify externally sourced product components under strict processes supported by our robust internal policies and procedures, and we maintain a rigorous change control policy to ensure that no product or process changes are implemented without our prior review and approval.

We control every aspect of the manufacturing process for the vast majority of our products — manufacturing, assembling, inspecting, testing, packaging, and shipping — from our over 130,000 square foot facility in Irvine, California.

Our Quality Assurance team communicates our quality policy to all employees through meetings, training, and other means.

Our Quality Assurance team plays a critical role in our research and development (R&D) efforts, and the team members collaborate with our engineering team to develop new products, source and test materials and monitor post-market performance with a focus on continuous improvement.

In the U.S., we launched new products including the **Triever 16 Curve** catheter, **RevCore**, **ClotTriever XL** catheter, and the **ClotTriever BOLD** Gen 2 catheter. **We had 0 product recalls in 2023**.

100% of employees **completed quality** and **safety training in 2023.**

We have established a reputation for exceptional patient safety. **In 2023, there were no significant negative trends in patient safety** observed for our portfolio of products.

We are committed to providing **the highest-level customer experience,** including effectively managing complaints. We track and thoroughly **investigate every product complaint we receive as part of our QMS** and medical safety infrastructure.

Physician Awareness & Education

We believe one of the biggest barriers to treatment of VTE and other complex diseases is lack of awareness.

As such, we dedicate significant resources to breaking down these barriers. We have an established and experienced team of medical education professionals who lead regular national, regional, and local training and educational programs for both interventional and non-interventional physicians, nursing staff and other personnel involved in our procedures at hospitals.

Our medical affairs team,
led by our Chief Medical Officer, consists of four full-time physicians, including:

Thomas Tu, MD
Chief Medical Officer - Inari Medical
Interventional Cardiology

Shon Chakrabarti, MD, MPH, FACC
Chief Medical Officer - LimFlow
Interventional Cardiology

Vic Tapson, MD, FCCP, FRCP
VP, Medical Affairs - Inari Medical
Pulmonary & Critical Care

Andrew S. Niekamp, MD
VP, Medical Affairs - Inari Medical
Interventional Radiology

ClotWarrior Academy

With our team of experts, we have greatly expanded our learning platform, the Clot Warrior Academy, to provide regular and interactive training to physicians. We host Advanced Users Summits to help physicians who are familiar with our devices and procedures learn additional and enhanced techniques. Because Inari representatives attend a majority of procedures where our devices are used, we also have an internal sales training program to ensure they are able to support our treating physicians and keep them abreast of clinical and device-related updates.

Patient Advocacy & Government Affairs

Inari is leading efforts at the state and federal level to raise awareness of signs and symptoms of DVT & PE and urge the CDC to increase funding for VTE focused initiatives. The Charles Rochester Blood Clot Prevention and Treatment Act was introduced on the floor of the US House of Representatives on 9/27/23 by Congresswoman Blunt-Rochester along with co-sponsor Congressman Larry Bucshon, MD (R-IN), a CT surgeon by training. The Emily Adkins Blood Clot Prevention Act was passed in Florida in June 2023 and will organize similar VTE specific analysis in FL. March is National Blood Clot Awareness month and Inari participates in a patient advocacy day in Washington DC every year.

Take care of each other. Constantly.

We believe that extraordinary outcomes are possible when a group of people commits together to ideas and purposes bigger than themselves and bigger than business. We invest in a team of people who commit themselves to our cause and to each other in pursuit of shared goals.

Alongside our focus on patients, we focus on our employees. Our approach is to select employees who align with Inari's mission, and then retain and reward them as they build their careers.

Employee Health & Safety

Ensuring the health and safety of our workforce remains paramount, underscored by our commitment to preventing injuries and illnesses while cultivating a workplace culture that prioritizes physical well-being. Our proactive approach includes a robust Safety Committee, comprising 32 dedicated members in 2023, tasked with disseminating safety information, addressing concerns, and collaborating with our EHS Manager to enhance safety protocols organization-wide. Concurrently, continuous job safety analyses and ergonomic initiatives, supported by leadership, have led to a 25% reduction in injurious incidents in 2023, complemented by routine industrial hygiene testing to bolster air quality.

Central to our ethos is the creation of a secure workplace environment, bolstered by strategic security enhancements such as 24/7 patrols and collaborative emergency preparedness drills with local authorities. This fortified security framework synergizes with comprehensive CPR and AED training, empowering our workforce to respond effectively to emergencies. By prioritizing safety oversight and preparedness, we not only mitigate risks but also foster a workplace conducive to employee retention, productivity, and satisfaction.

Diversity & Inclusion

We are committed to creating and nurturing an inclusive workplace that is consistent with our Ethos. Everyone is respected, valued, and included; this is vital to our collaborative culture. We believe that broader perspectives increase our ability to drive innovation. We've aimed for a culture that enriches the lives of our employees, recognizes the significance of diversity, and values an atmosphere where everyone's identity is respected. Each Inari Medical employee brings a different background, set of skills, and perspective. Our diversity propels creativity and innovation, resulting in increased value.

We are intentional in our efforts to build diverse teams that represent a variety of backgrounds, perspectives, and skills. We expect our employees at every level to speak up and share ideas.

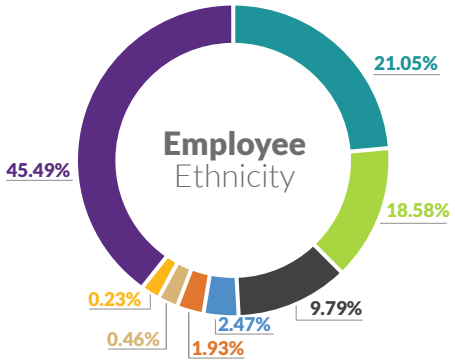
At our home office, we have an open-plan work environment with no individual offices, which fosters collaboration and inclusivity across teams. Instead of walls, we have meeting spaces with floor-to-ceiling glass, emphasizing the transparency that is key to our culture. We believe in hyper-communication from our senior management to all employees about the impact that ALL our team members have on our patients. We hold quarterly town halls where employees engage with each other, patients, and physicians.

Employee Gender
- Male
- Female

Board of Directors Gender
- 30% Female

Engineering
- 27% Female

Sales
- 24% Female



- American Indian or Alaska Native 0.23%
- Asian 21.05%
- Black or African American 1.93%
- Native Hawaiian or Other Pacific Islander 0.46%
- Two or more races (Not Hispanic or Latino) 2.47%
- White 45.49%
- Hispanic or Latino 18.58%
- Not Disclosed 9.79%

"Blood clots can impact anyone, so it is important that our team represents everyone."

Dena Truelove,
Vice President, Human Resources

Human Capital Management

We have over 1,300 full-time employees. We employ a growing and highly skilled employee base across all functions and promote a culture focused on serving and improving the quality of life of our patients. We believe our products can have a profound impact on the lives of our patients, and it is our responsibility to ensure as many of our patients as possible are treated safely, effectively, and simply. We have implemented hiring and recruiting systems to carefully select professionals who share these beliefs and goals.

Our human capital objectives include identifying, recruiting, retaining, incentivizing, and integrating our existing and future employees. The principal purposes of our compensation plans are to attract, retain, and motivate selected employees, consultants, and directors. We do so through competitive salaries and cash-based performance awards, as well as through the granting of stock-based compensation awards, which we benchmark on a regular basis to ensure that we remain competitive.

Our Employees

Our employees are integral to the success of our mission, and we recognize our responsibility to take care of them. In addition to providing competitive salaries and offering a variety of benefit choices, we:

- Provide a 6-week paid leave program for eligible employees.
- Pay 100% of the health insurance premiums for employees.
- Subsidize a significant portion of the premiums for their covered dependents.
- Offer paid sick leave.
- Established the Inari Wellness program to encourage and reward our employees for making healthy lifestyle choices.
- Support our employees' ongoing professional and personal development with onsite training opportunities.
- Offer fertility and family forming benefits.
- Maintain an education assistance program.
- Offer 401(k) plan with competitive employer contribution

Inari Wellness

Since the return to the office following the end of the COVID-19 pandemic, we have expanded and enhanced our wellness programs. We continue to put our employees' health and safety at the forefront of everything we do. In 2023:

- We hosted challenges and encouraged health decisions through our wellness platform, Virgin Pulse.
- We hosted an annual wellness fair, which included health screenings and vaccine opportunities for both COVID-19 and influenza.
- We held 3 blood drives.
- We hosted 5 on-site massage days.

For more information about our employees, please see our **Careers Page.**

Retention

Because our employees are integral to our business, we take attrition very seriously. We provide quarterly analyses of turnover for all department leaders, and conduct exit interviews with all employees, whatever the reason for their departure. Our attrition rate during 2023 was approximately 13% across the organization, well below general average and our industry benchmarking.

13% attrition rate across the organization in **2023.**

Women's Initiative Network (WIN)

On March 8, 2023, Inari launched its very first Employee Resource Group (ERG) the Women's Initiative Network (WIN). This ERG was initially introduced within Inari's Commercial Sales Organization as an opportunity to bolster female representation and development within our sales force and ensure our customers receive the diverse perspectives of women. In October 2023, WIN expanded throughout our entire organization.

Inari's Women's Initiative Network (WIN) Charter:

We are committed to empowering businesswomen to achieve success on their own terms, build their capabilities and confidence; while providing them resources, tools, and connections to help women achieve their professional accomplishments.

The program provides a mix of activities, opportunities, and resources focused on the development of women, including quarterly speaker events, mentoring opportunities, networking, monthly newsletters, community outreach, and more!

This program is not exclusive to females only. It's about cross collaboration, learning, supporting and advocating for one another!

No small plans. Ever.

We are committed to changing the standard of care for treatment of venous and other diseases. With collaboration and input from key stakeholders, including physicians and non-interventional stakeholders, we aspire to change the status quo for our patients, our people, our medical community partners, and our society.

We believe that our impact on patients, physician partners, and employees should be positive and life-changing. We do not focus on medical devices that may offer only marginal care or economic benefit to the patient or healthcare provider, but instead, we develop solutions for complex disease states and significant unmet needs.

Product Design & Innovation

We have **over 92 engineers and technical staff** whose sole focus is enhancing our existing products and developing new, purpose-built solutions to treat unmet needs.

We believe our ability to develop innovative products is attributable to our focus on the specific anatomical system, our design philosophy and product innovation process, our efforts to leverage and expand our clinical evidence, and the insights that we gained from developing our products to date. Our engineering team has broad mechanical and biomedical engineering, project management, materials science, design, and prototyping expertise.

Our R&D efforts are informed by real-time, field-based input from our sales organization and physicians and the direct field experience of our engineers. We focus on developing the best treatment for patients and rely on feedback from our physician customers, who are at the front lines treating patients. This process has allowed us to rapidly innovate and enhance our products, and we continue to develop new products.

We are currently focused on three key goals as we develop additional and next generation products for commercialization.

1st

We seek to continue to enhance the effectiveness, efficiency and ease of use of our current products.

2nd

We plan to expand the application of our thrombectomy technology to areas of the body that are not addressed by our existing products.

3rd

We are developing solutions beyond our thrombectomy technology to address other unmet needs.

$87.5

During 2023, we spent $87.5 million on R&D and clinical evidence building.

We spend more on R&D and clinical evidence building than our peers (as a percentage of revenue) and look to continue to responsibly invest in these functions to ensure a better life for our current and future patients.

Our Sustainability

Since our inception, **our Ethos** has laid the foundation for everything we do

Patients first.
Always.

Make no small plans.
Ever.

Take care of each other.
Constantly.

In 2021, we conducted our first environmental, social, and governance (ESG) materiality assessment, supported by a global, third-party sustainability consultancy, to identify, prioritize, and validate the ESG-related issues most significant to our business, our stakeholders, and the broader context of the environment and society.

We undertook desktop research and conducted interviews with internal and external stakeholders to inform this assessment, resulting in the identification of the ESG issues material to our business. As we reviewed the results, we found that our Ethos aligned organically with our ESG priorities, enabling us to integrate ESG into the core of who we are. As a result, we consolidated our material issues and directly linked them to our Ethos.

The **20 material topics** determined to be of greatest importance and impact to our internal and external stakeholders are:

Patients first. Always.

- Transformative Patient Experience
- Product Safety
- Access to Treatment
- Physician Awareness & Education
- Patient Data Privacy

No small plans. Ever.

- Product Design & Innovation
- Disease State Awareness & Guideline Development
- Supply Chain Management
- Product Lifecycle Management
- Intellectual Property

Take care of each other. Constantly.

- Diversity & Inclusion
- Human Capital Management & Development
- Employee Well-being
- Occupational Health & Safety

Our sustainable foundation.

- ESG & Corporate Governance
- Ethics & Business Compliance
- Cybersecurity
- Operational Environmental Impacts
- Local Communities & Indirect Economic Impacts
- Climate and Geopolitical Resilience

ESG & Corporate Governance

Our Board of Directors presently comprises 10 members, eight of whom are considered independent from management. We consider diversity, such as gender, race, and ethnicity, when identifying director nominees, and we view such diversity characteristics as meaningful to the composition of our Board. Currently, three of our 10 directors are female, one of our directors identifies as LGBTQ+, and one of our directors identifies as Hispanic. Our Board has three standing committees: the Audit Committee, the Compensation Committee, and the Nominating and Corporate Governance Committee. At the committee level, and as a whole, our Board has an active role in overseeing the management of the company and our strategic goals.

In 2021, our Board gave the Nominating and Corporate Governance Committee oversight of Inari's sustainability principles, programs, and practices, as well as reporting on these topics. The Nominating and Corporate Governance Committee receives regular reporting on our ESG efforts and reviews our reports prior to release.

Our internal Ethos and ESG Council leads the creation, implementation and communication of our ESG strategy, decision-making processes and disclosures. The Council includes representatives from each of our key functions and operations, including those who are responsible for specific ESG topics or pillars described herein.

Compliance

Ethical business conduct

Our workplace culture is focused on integrity and ethical conduct to ensure that we are respected and trusted by our customers, peers, and current and prospective employees. Acting in an ethical and compliant manner, both with respect to internal policies and external laws and regulations, is an integral part of every decision we make. Our policies are designed to help our employees understand the importance of acting ethically to uphold our reputation of respect, trust, confidence, and integrity. Our Ethos further demonstrates our commitment to developing life-saving products and conducting research that not only drives the health care profession forward in treatments for venous disease and beyond, but requires trust and transparency on all fronts—across our employees, our customers, our vendors, and our contractors.

Compliance Training

We require all employees to complete compliance training at the time of hire and as updates are made to our policies and procedures, with training covering our Code of Business Conduct and Ethics, our U.S. Foreign Corrupt Practices Act (FCPA)/Anti Bribery Policy, our Speak Up Policy, and our Insider Trading Policy. Through our compliance training and policies on anti-bribery, anti-corruption and ethical business conduct, we engage and educate our employees in a variety of ways. 100% of employees have acknowledged and agreed to our comprehensive compliance program.

Compliance Oversight

The Audit Committee of our Board of Directors receives quarterly updates on the compliance program, and we also hold quarterly Compliance Committee meetings with senior representatives from Legal, Commercial, Operations, Finance, Human Resources, and Internal Audit. The Compliance Committee advises and assists with the implementation of our compliance program, including regularly reviewing and updating our compliance policies and procedures.

Hotline

We expect our workforce to act ethically and with integrity at all times. Through our global Speak Up Policy and hotline resources, we encourage employees, contractors, customers and others to report concerns or suspected violations of our policies for accounting, compliance, human resources, internal controls, auditing matters, U.S. or foreign laws, rules, regulations or ethics, including our Code of Business Conduct and Ethics. Our hotline provides an avenue for reporting on a confidential basis, if desired, and for the protection of individuals reporting concerns from retaliatory actions. Both U.S. and international employees are provided dial-in numbers for their respective regions to Speak Up at any time, alongside a digital submission platform on our global website, and instructions for sending written complaints to Compliance and/or the Inari Audit Committee directly. We also send regular reminders to all global employees with this information, ensuring all employees are aware of this resource. The hotline is staffed by an independent organization and is available 24 hours per day, 7 days per week.

100% **of employees** have acknowledged and agreed to our comprehensive compliance program.

Cybersecurity

It is imperative that we have strong cybersecurity and data privacy practices in place to protect our network and systems, as well as internal and customer data.

Ensuring cybersecurity and data privacy

Our cybersecurity risk management and strategy processes are overseen by our cybersecurity committee, which is comprised of a cross-functional team which includes our head of IT, Chief Financial Officer and General Counsel, along with other members of our IT, legal, finance and internal audit departments. To facilitate our cybersecurity risk management program, multidisciplinary teams throughout the Company are deployed to address cybersecurity threats and to respond to cybersecurity incidents. Our cybersecurity committee meets on a regular basis and is informed about and monitors the prevention, mitigation, detection, and remediation of cybersecurity incidents through their management of, and participation in, the cybersecurity risk management and strategy processes.

During 2023, we continued our journey of security awareness initiatives including:

- Continued phishing/social engineering protection and training.
- Implemented more robust data protection.
- Completed penetration testing.
- Completed tabletop exercise with board of directors and management.
- Updated our website privacy and personal data use policies in 2023 to reflect current data regulations, and, on an ongoing basis, periodically assess our policies.

Outside of the company, we do our part to learn about and contribute to stronger data protocols throughout our industry as a member of the Health Information Sharing and Analysis Center (H-ISAC) community of private and public health organizations.

Environmental Impact

Environmental impact is a fundamental consideration across all of our operations. We aim to reduce our impact on natural resources and drive continuous improvement to enhance our environmental performance. To mitigate our environmental impact, we continue to strive for efficiency throughout our operations, particularly in energy usage in our manufacturing facility, which accounts for most of our impact. In 2023 we made several upgrades and improvements to our already Title 24- efficient facility, including lighting, equipment, and systems controls, resulting in a reduction of nearly 100,000 kilowatt-hours of energy consumed annually. We are currently underway with the design and construction of a state-of-the-art, LEED-certified manufacturing and distribution facility in Costa Rica. Among the many reasons for choosing Costa Rica for our operations expansion is the commitment to sustainability; our Costa Rica operations will be powered by 99% renewable energy sources. This facility will be fully operational in 2025. We are also looking to maximize our positive impact on patients with our innovative products while minimizing our environmental footprint.

To support the increasing number of employees in our home state who are reducing the environmental impact of their daily commute by driving EVs, we have installed EV charging stations at our Irvine headquarters. We plan to double the number of EV charging stations at our headquarters in 2024.

We continue to focus on recycling and environmental sustainability. We are keenly aware of the impact of electronic waste and scrap metal on the environment, so we've partnered with an ISO-14001 / R2-Certified recycling center in the area. This partnership has allowed us to recycle 100% of our electronic waste (and scrap metal) from our Information Technology equipment, totaling almost 800 pounds of waste that has been recycled in the past two years. Since we commenced operations in our Headquarters in late-2021, we have committed to capturing and recycling waste. We capture our alcohol waste from our operations and recycle it back into usable fuel. In 2023 alone, we recycled more than 2.7 tons of alcohol waste. As our Environmental Management System gains maturation and expands its influence, we continue to see measurable results—nearly 7% reduction in total waste generation from the previous year, despite an increase in operational output and more than 20% growth in employment.

Where We Are Heading

As we continue to grow, we are committed to sharing updates related to our programs, priorities, goals, and performance. During 2024, we plan to focus on the following key areas:

Patients first. Always.

- Build momentum with new products in new markets.
- Driving our solutions towards standard of care in venous thromboembolism (VTE).
- Maintain our excellent product safety record.
- Continue to integrate the LimFlow business.
- Expand our footprint internationally.

No small plans. Ever.

- Expand training opportunities related to our comprehensive compliance program.
- Expand community impact and philanthropy with various activities.
- Continue to invest significant amounts in R&D.
- Continue to review our existing IP rights and evolve our IP strategy.

Take care of each other. Constantly.

- Expand benefits for our employees to include leadership and development training and other development opportunities.
- Set robust diversity goals for our global employee population.
- Maintain employee retention at levels well above our peer group.

Indications For Use: The FlowTriever Retrieval/Aspiration 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 Retrieval/Aspiration System is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. Triever Catheters are 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. Triever Catheters are intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. Triever Catheters are also intended for use in treating clot in transit in the right atrium, but not in conjunction with FlowTriever Catheters. The FlowTriever2 catheter is indicated for (1) The non-surgical removal of emboli and thrombi from peripheral blood vessels. (2) Injection, infusion and/or aspiration of contrast media and other fluids into or from a blood vessel. FlowTriever2 is intended for use in the peripheral vasculature. The Triever20 Curve is used coaxially within the Triever24 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 Triever20 Curve is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. The Triever20 Curve Catheter is not indicated for use with FlowTriever Catheters. Triever20 Curve is also intended for use in treating clot in transit in the right atrium, but not in conjunction with FlowTriever Catheters. Triever20 Curve must be used within the Triever24. The Triever16 Curve 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 Triever16 Curve is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. The Triever16 Curve is not indicated for use with FlowTriever Catheters. The Triever16 Curve is also intended for use in treating clot in transit in the right atrium but not in conjunction with FlowTriever Catheters. The FlowSaver Blood Return System is used with Inari Medical catheters and sheaths for autologous blood transfusion. The FlowStasis device is intended for temporary suture retention following a percutaneous venous procedure. 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. 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 ClotTriever Sheaths are indicated for use as a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions. The Protrieve sheath is indicated for use as a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions. The InThrill thrombectomy system is indicated for (1) The non-surgical removal of thrombi and emboli from blood vessels, including arteriovenous fistulae and arteriovenous grafts for dialysis access, and synthetic grafts. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel/graft. 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. The RevCore thrombectomy catheter 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 RevCore thrombectomy catheter is intended for use in the peripheral vasculature. The LimFlow System is indicated for patients who have chronic limb-threatening ischemia with no suitable endovascular or surgical revascularization options and are at risk of major amputation. The LimFlow ARC is intended to facilitate placement and positioning of guidewires and catheters within the peripheral vasculature. The LimFlow ARC is not intended for use in the coronary or cerebral vasculature. The LimFlow V-Ceiver is intended for use in the cardiovascular system to manipulate and retrieve guidewires specified in the IFU. The LimFlow Vector is intended for the treatment of vascular disorders and more particularly for excising or disrupting venous valves.

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

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

INARI MEDICAL®

6001 Oak Canyon, Suite 100, Irvine, CA 92618 | InariMedical.com