FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549			
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 20549

OMB APPRO	JVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Name and Address of Reporting Person*						Issuer Name and Ticker or Trading Symbol      Inoni Medical Trac [NAPL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
itch C.				Inai	<u>Inari iviedicai, Inc.</u> [ NARI ]									Direc	tor			-	
,	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2022								А	below	<i>(</i> )		below)	. ,	
6001 OAK CANYON														يامانيما م	. laint/Crau	a Filia	a (Chaol: A	mulicable	
CA	A 9	2618		4. 11 #										Form Form	filed by On	e Rep	orting Pers	on	
(St	ate) (2	Zip)			Person														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			Date	ay/Year) if an		Execution Date, f any		3. Transaction Code (Instr.		n Disposed Of (D) (Instr. 3,			, 4 and Secu Bene Own		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	,	Transa	ction(s)			(Instr. 4)	
Common Stock			10/01/2	2022				F		232(1)	D	\$72	.64	78,667			D		
Common Stock 10/01/2				2022		F		431(2)	D	\$72	\$72.64		78,236		D				
Common Stock														1	,600		I	By Spouse	
	Та													Owned	t				
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	ion Date,			of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed )	Expirati (Month/	piration Date		Amount of Securities Underlying Derivative Security (In: 3 and 4)		Der Sec	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported	e Ces Fally Cog (I	Form: Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)	
	(St. Stock  Stock  2. Conversion or Exercise Price of Derivative	(First) (ARI MEDICAL, INC. AK CANYON  CA (State) (  Table  Security (Instr. 3)  Stock  Stock  Stock  Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) ARI MEDICAL, INC. AK CANYON  CA 92618  (State) (Zip)  Table I - No  Security (Instr. 3)  Stock  Stock  Table II -  Conversion or Exercise Price of Derivative  Oberivative  Table II -  2. (Month/Day/Year) (Month/Day/Year)  A3. Derivative Execut if any (Month/Day/Year)	(First) (Middle)  ARI MEDICAL, INC.  AK CANYON  CA 92618  (State) (Zip)  Table I - Non-Deriva  Security (Instr. 3)  2. Transac Date (Month/Da  Stock 10/01/2  Stock 10/01/2  Stock 10/01/2  Conversion or Exercise Price of Derivative (Month/Day/Year)  2. (Month/Day/Year)	Inalitich C.   Inal	Inari Melitch C.  (First) (Middle)  ARI MEDICAL, INC.  AK CANYON  Table I - Non-Derivative Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  Stock  Table II - Derivative Security (e.g., puts, calls, v. (Month/Day/Year)  2. Table II - Derivative Security (e.g., puts, calls, v. (Month/Day/Year)  Stock  Table II - Derivative Security (e.g., puts, calls, v. (Month/Day/Year)  3. Date of E 10/01/2022  2. Transaction Date (e.g., puts, calls, v. (Month/Day/Year)  3. Date of E 10/01/2022  4. Transaction Code (Instr. 8)	Inari Medical   Inari Medica	Inari Medical, Inar	Inari Medical, Inc.   National Medical, Inc.	CA   92618   Security (Instr. 3)   2. Transaction (Month/Day/Year)   Code   V	Inari Medical, Inc. [NARI]	Inari Medical, Inc. [NARI]	Inari Medical, Inc. [NARI]   Inari Medical, Inc. [NARI]	Inari Medical, Inc.   NARI	Inari Medical, Inc.   [NARI ]	Inari Medical, Inc. [NARI]  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below) Chief Fina  (Check all applicable) Director Officer (give title below)  Form filed by Me Person  (A) or Beneficially Owned Security (Instr. 3)  Stock  10/01/2022  F 232(i) D \$72.64  78.667  Stock  10/01/2022  F 431(i) D \$72.64  78.236  Stock  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  2. Transaction Code (Instr. 3, 4 and 5) Stock  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  2. Transaction Code (Instr. 3, 4 and 5) Stock  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  2. Transaction Code (Instr. 3, 4 and 5) Amount of Securities Security (Instr. 3, 4 and 5) Stock  Amount of Securities Security (Instr. 3, 4 and 5) Stock  Amount of Securities Securit	Inari Medical, Inc. [NARI]   Check all applicable)   Officer (give title below)   Chief Financial	Inari Medical, Inc.   NARI	

## Explanation of Responses:

- 1. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2021.
- 2. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2022.

/s/ Angela Ahmad, attorneyin-fact for Mitch C. Hill

10/04/2022

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.