FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Hykes Andrew						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O INARI MEDICAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/22/2024										er (give title	and C	Other (specify below)	
6001 OAK CANYON					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person					
(Street) IRVINE	CA	CA 92618												Form filed by More than One Reporting Person					- 1
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to active the office that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
		Table	: I - No	on-Deriva							sposed of					ed			
1. Title of Security (Instr. 3) 2. Transa Date				2. Transacti	Execution Date,			ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)
Common Stock 07/22/				07/22/2	024			S ⁽¹⁾		3,000	D	\$55.2	.23(2)		55,252		D		
Common Stock														1	,550			By Child 1	
Common Stock															1,550				By Child 2
Common Stock															1,550		I		By Child 3
Common Stock															1,000				By Spouse
		Та	ble II								oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	Der	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	y 0 F D o (I	0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 13, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$54.92 to \$55.59. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Shannon Trevino, attorney-07/24/2024 in-fact for Andrew Hykes

** Signature of Reporting Person Date

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

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

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

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