SEC Form 4	
------------	--

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average b	urden
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).	STAT
Instruction I(D).	

# TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Leison		Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Inari Medical, Inc.</u> [ NARI ]		ationship of Reporting Po (all applicable) Director	10% Owner			
(Last) C/O INARI M			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024	X	Officer (give title below) Chief Financia	Other (specify below) I Officer			
6001 OAK CANYON			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applica Line)					
				X	Form filed by One Re	porting Person			
(Street) IRVINE	CA	92618			Form filed by More th Person	an One Reporting			
(City)	(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/01/2024		F		327 <sup>(1)</sup>	D	\$64.92	169,903	D	
Common Stock	01/01/2024		F		682(2)	D	\$64.92	169,221	D	
Common Stock	01/01/2024		F		733(3)	D	\$64.92	168,488	D	
Common Stock								1,600	Ι	By Spouse

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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.

3. 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 2023.

#### /s/ Shannon Trevino, attorney-01/03/2024

in-fact for Mitch C. Hill

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.