FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Hill, Mitch C.  (Last) (First) (Middle)  C/O INARI MEDICAL, INC.  6001 OAK CANYON						Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]      Date of Earliest Transaction (Month/Day/Year)     02/16/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Street) IRVINE	C	A	92618												Form filed by More than One Reporting Person						
(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.															
		Tab	le I - Nor	n-Deriv	ativ	e Se	curities	s Acc	quired,	Dis	osed o	f, or B	enefic	ially	Owned						
1. Title of Security (Instr. 3)  2. Trans Date (Month/				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.   5)						s Formally (D) of collowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) or (D)		ce	Transact (Instr. 3 a	ion(s)			(111511. 4)		
Common Stock 02/16					5/202	/2024 A 14,812 <sup>(1)</sup> A		\	\$ <mark>0</mark>	183,361(2)			D								
Common Stock												1,600				By Spouse					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
			Transa Code (	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title a of Secur Underly Derivati (Instr. 3			ities ng re Secui	ity (	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e Ownersh Form: Direct (D or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	v	(A)		Date Exercisab		xpiration ate	Title	or Num of Share	per							
Stock Options (Right to	\$58.44	02/16/2024			A		16,231		(3)	0	2/15/2031	Commor Stock	16,2	31	\$58.44	16,23	1	D			

## **Explanation of Responses:**

- 1. Represents annual restricted stock units ("RSUs") awarded to the reporting person, with a vesting commencement date of January 1, 2024 (the "Vesting Commencement Date"). 1/16th of the RSUs shall vest on each quarterly anniversary of the Vesting Commencement Date, subject to continued service through the applicable vesting date.
- 2. Includes 61 shares acquired on January 31, 2024 under the Employee Stock Purchase Plan.
- 3. Represents options to purchase shares of Issuer common stock which were granted on February 16, 2024 under the Issuer's 2020 Incentive Award Plan and are scheduled to become vested and exercisable on a quarterly basis, with the first tranche vesting on April 1, 2024.

/s/ Shannon Trevino, attorneyin-fact for Mitch C. Hill

02/21/2024

\*\* 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.