FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFIC	IAL OWNERSHIP

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

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. 9 PARKER, SUITE 100 (Street) IRVINE CA 92618						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI] 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(Sta	ate) (Z	Zip)			Form filed by More than One Re Person										n One Rep	orting		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	enefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)				nd Securit		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Trans		ction(s) 3 and 4)			(111341. 4)
Common Stock 04/01/2					.021)21			F		253(1)	D	\$109	0.21 67		7,937		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)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Train Security or Exercise (Month/Day/Year) if any Cod			Transa Code (ansaction of ode (Instr. Deriva		vative crities critied r osed)	6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

 $1. \ Shares \ surrendered \ for \ tax \ purposes \ upon \ the \ vesting \ of \ 2021 \ annual \ Restricted \ Shares \ Units \ - \ April \ 1,2021$

Remarks:

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

04/02/2021

** 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.