FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CI	HANGES	IN I	BENEFICIA	L

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e: 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

Name and Address of Reporting Person* Hoffman William					2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]								k all app Direc	tor	ng Pers	on(s) to Is					
(Last)	(Fir	st) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024									Office below	er (give title v)		Other (s below)	specify		
l	RI MEDIC				4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)	6. Individual or Joint/Group Filing (Check Applicable							
6001 OA	K CANYO	N												Line)	Line) X Form filed by One Reporting Person						
(Street)	CA	, 9	2618											"	Form filed by More than One Reporting Person						
					Rul	Rule 10b5-1(c) Transaction Indication															
(City)	(Sta	ate) (Z	ľip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										uction or writt	en plan	that is inter	nded to		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	Bene	ficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		Date,	Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ties cially I Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			(Instr. 4)		
Common	Stock			04/24/2	2024				A		4,126(1)	A \$42.41		\$42.41	.41 1,003,908]	D			
	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) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Numb Code (Instr. 8) 6. Perivati Acquire (A) or Dispose of (D) (Instr. 3, and 5)		vative irities ired r osed) r. 3, 4	Expiration Date (Month/Day/Year) S U D S		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O F D oi (!)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)								
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber							

Explanation of Responses:

1. Represents restricted stock units granted on April 24, 2024 to the Reporting Person that vest in full on the earlier of (1) the day prior to the Issuer's next annual meeting of stockholders or (2) one year from the date of grant.

/s/ Shannon Trevino, attorneyin-fact for William Hoffman

OWNERSHIP

** 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.