FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL												
	OMB Number: 3235-028												
	Estimated average burden												
ı	hours nor resnance	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*     Hill, Mitch C.						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]								(Ch	eck all app Direct Office	applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) C/O INARI MEDICAL, INC. 9 PARKER, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 05/27/2020									belov	below) Officer				
(Street) IRVINE CA 92618 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquir Disposed Of (D) (Instruction 1)			uired (Instr.	(A) or 3, 4 an	d Securi Benefi Owned	Securities F Beneficially (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	mount (A)		Price	Transa	ction(s) 3 and 4)			(					
Common	2020			P		7,500	1	4	\$19	7,500			D						
Common Stock 05/27/2						2020			P		1,600	A \$1		\$19	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)	vative   Conversion   Date   Execution Date,   if any			4. Transaction Code (Instr. 8)		of	rative rities ired r osed )	6. Date I Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	tive derivative ty Securities	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)			Expiration Date	Title	or Num of	ber							

**Explanation of Responses:** 

Remarks:

\*\* 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.