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
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STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNE	RSHIP

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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*  Hoffman William					2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]									ionship of Reportin all applicable) Director		ng Person(s) to Is			
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024										Office	er (give title v)		Other (s below)	specify
C/O INARI MEDICAL, INC. 6001 OAK CANYON				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					·		
(Street)	CA	<b>A</b> 9	2618			Form filed by More than One Person								n One Repo	orting				
(City)	(Sta	ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contra satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction								ontract, instruction or written plan that is intended to ction 10.					
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quired	l, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				/Year) Execution		h/Day/Year) Tr			Transaction Disposed Of (D) Code (Instr.		Acquired (A) or (D) (Instr. 3, 4 ar		ind 5) Securi Benefi Owned		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ction(s)			(Instr. 4)	
Common Stock 05/28/20					024			<b>S</b> <sup>(1)</sup>		60,000	D	\$50.1	.13(2) 8		865,359		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)  3. Transaction Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Execution Date, if any (Month/Day/Year)  8)					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 14, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$50.00 to \$50.34. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Shannon Trevino, attorney-05/30/2024 in-fact for William Hoffman

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.