FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  Warner Robert Keith						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]								(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last)	(Fir	st) (ř	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024									Office below	er (give title v)		Other (s below)	pecify	
C/O INARI MEDICAL, INC. 6001 OAK CANYON					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) IRVINE	` '														Form filed by More than One Reporting Person					
(City)	(Sta	,	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See I									Instruction	on 10.		en plan th	nat is inter	ided to	
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	, Dis	posed of				y Own	ed ———				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					y/Year) Exec		Deemed cution Date, y nth/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned	ties cially I Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct of direct of 1.4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) (D)	or I	Price	Transa	ction(s) 3 and 4)			Instr. 4)				
Common Stock 04/24/2						2024					4,126(1)	A		\$42.41	12,149		Г			
	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)	ivative Conversion Date Execution Date, or Exercise (Month/Day/Year)		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Sha	nber						

## **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, attorney-04/26/2024 in-fact for Robert K. Warner

\*\* 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.