FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| _ | | | |
|------------|------|-------|--|
| ashington, | D.C. | 20549 | |

| OMB APPROVAL | | | | | | | | | |
|----------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours nor roomanas | . 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 Sec | cuon a | o(n) of the II | ivestme | nt Cor | npany Act of | 1940 | | | | | | |
|---|--|--|--|---|--|--|---|---------|--|--|---|--------|--|--|---------|------------|---------|
| Name and Address of Reporting Person* Lucabase Cynthia I. | | | | 2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Lucchese Cynthia L | | | | | | | | _ | X Dire | ctor | | 10% O\ | wner | | | | |
| (Last) | (Fir | rst) (N | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024 | | | | | | Offic belo | er (give title w) | | Other (s | specify |
| C/O INARI MEDICAL, INC. 6001 OAK CANYON | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable ne) | | | | | | | | |
| | | | | | | | | | | X Forr | Form filed by One Reporting Person | | | | | | |
| (Street) | CA | <u>, </u> | 2618 | | | | | | | | | | Forr Pers | n filed by Mo son | re than | One Repo | orting |
| | | . 2. | 2010 | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a contract satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 1 | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities Acq | uired, | , Dis | posed of | , or Bei | nefici | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (AD Disposed Of (D) (Instr. 3, 5) | | | | | | 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 | Transaction(s) (Instr. 3 and 4) | | | (111511.4) | |
| Common Stock | | 04/24/2 | /2024 | | A | | 4,126(1) | A | \$42. | 41 3 | 38,429 | | 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) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) | | 4. Transac Code (I 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) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4) | | | of s ng | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | y C | O. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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.

(A) (D) Date Exercisable

Expiration Date

/s/ Shannon Trevino, attorney-04/26/2024 in-fact for Cynthia Lucchese

Amount Number

of Shares

Title

** 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).

Code

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.