FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 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* Tu Thomas | | | | 2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI] | | | | | | | | (Che | ck all applic Directo | tionship of Reporting all applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | vner | |
|--|--|--|------------------------------------|--|---|---|--------|--|------------|--|------------------------------------|----------------|---|---|-------------------|--|---------------------------------------|----------|
| (Last) C/O INA | (F ARI MEDIC | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2023 | | | | | | | |) | below) | below) Chief Med | | below) | респу |
| 6001 OA | K CANYO | N | | | 1 If Am | ondmont | Data o | of Original | Filod | (Month/Da | w/Voor) | | 6 In | dividual or ' | loint/Croup | Filine | ı (Check Ap | alicable |
| (Street) | C. | A | 92618 | | +. II AIII | enument, | Date | or Original | riicu | (WOTH) De | ay/ rear) | | Line) | Form f | led by One | Repo | orting Person | n |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Persor | ı | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transacti Date (Month/Day | Execution Date, | | 3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 0) 8) 5) | | | | | es Fo ially (D Following (I) | | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | v | Amount (A) | | or | Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common Stock 02/18 | | | 02/18/2 | 3/2023 | | A | | 21,412 ⁽¹⁾ A | | \$ <mark>0</mark> | 107,112 | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Da | | 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | Date, Transaction Code (Ins | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | nount imber ares | | | | | |
| Stock Option | \$56 | 02/18/2023 | | A | | 16,599 | | (2) | 0 | 02/17/2030 | Common Stock | 16 | 5,599 | \$56 | 16,599 |) | D | |

Explanation of Responses:

- 1. 2023 Annual Restricted Stock Units grant ("RSUs"). Vesting Commencement Date begins January 1, 2023, 1/16th of the RSUs shall vest on each quarterly anniversary of the vesting Commencement Date.
- 2. These options were granted on February 18, 2023 under the Inari Medical, Inc. 2020 Incentive Award Plan and are scheduled to become vested and exercisable on a quarterly basis commencing April 1, 2023.

/s/ Angela Ahmad, attorney-in-

fact for Thomas Tu

** Signature of Reporting Person Date

02/22/2023

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.