FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasinigton,	D.C. 20049	

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Silva Karen						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Siiva N</u>	arch								-		-				_	rector		10% Ov		
					-			_			- a			\dashv		ficer (give title low)		Other (s	specify	
' '	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024								Principal Accounting Officer						
C/O INARI MEDICAL, INC.					12/01/2027									F		8				
6001 OAK CANYON																				
					4. If /	Amend	ment,	Date of	Origina	l Filed	d (Month/Da	y/Yea	r)			ll or Joint/Grou	ıp Filing	g (Check A	pplicable	
(Street)														- 1	ne) V F	orm filed by Or	o Don	ortina Doro		
IRVINE	CA	. 9	2618													•		Ü		
																orm filed by Mo erson	ore mar	n One Repo	orung	
(City)	(Sta	ate) (Ž	Zip)																	
		Table	I - Non	-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally O	vned				
1. Title of	Security (Inst	r. 3)		2. Transac					4. Securities Acquired (A						mount of			7. Nature		
				Date (Month/Da	ay/Year)	Execution Date			Transaction Disposed Of (D) (I Code (Instr. 5)			(Instr.	3, 4 a					of Indirect Beneficial		
				(Month		nth/Day/Year)		8) `		Ľ					ned Following orted	(l) (ln:	(Instr. 4)	Ownership (Instr. 4)		
								Code	v	Amount	(A (D) or	Price	Tra	nsaction(s) tr. 3 and 4)	n(s) d 4)		(
Common Stock 12/01/2					2024			A		9,215(1)		A	\$()	9,215		D			
		T-1	olo II - E) - wis 41	0		4!	٠		\:\		D			l O	d	<u>, </u>			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deen		4.		5. Number		6. Date Exercisable and			7. Title and			8. Price			10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Derivative Securities		Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative				Derivati Security			Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of Derivative											erlying	9	(Instr. 5	5) Beneficiall Owned	ly I	Direct (D) or Indirect	Ownership		
	Security						Acquired (A) or		Secur			ırity (I			Following		(I) (Instr. 4)	(instr. 4)		
								Disposed of (D)		3			3 and 4)			Reported Transaction	on(s)			
							(Instr. 3, 4									(Instr. 4)	(,			
						and 5)					-	Τ.								
												Amou or								
									Date		Expiration		Nur	nber						
					Code V				Exercisable		Date			ires						

Explanation of Responses:

1. Represents restricted stock units ("RSUs") awarded to the reporting person, with a vesting commencement date of January 1, 2025 (the "Vesting Commencement Date"). 1/16th of the RSUs shall vest on each quarterly anniversary of the Vesting Commencement Date, subject to continued service through the applicable vesting date.

/s/ Shannon Trevino, attorney-12/03/2024 in-fact for Karen Silva

** 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.