FORM 5

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response	1.0							

Form 3 Holdings Reported.

Name and Address of Reporting Person* Hill, Mitch C.			2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
	(First) MEDICAL, INC. CANYON, SUITE	(Middle)	3. Statement fo 12/31/2021	r Issuer's Fisc	al Year Ended (X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street) IRVINE	CA	4. If Amendmer	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 Form filed by More than One Reporting Person				
(City)	(State)	(Zip) Table I - Non-Deriva	ative Securiti	es Acquire	od Disnose	ed of o	r Beneficia	IIIv Owned				
1. Title of Security (Instr. 3) 2. Transa Date		2. Transaction	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disp			5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial		
					Amount	(A) or (D)	Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Sto	ock	11/22/2021		G	2,000	D	\$0.00	65,788	D			
Common Sto	ock	11/29/2021		G	2,000	D	\$0.00	63,788	D			
Common Sto	ock	12/06/2021		G	2,000	D	\$0.00	61,788	D			
Common Sto	ock	12/13/2021		G	1,500	D	\$0.00	60,288	D			
Common Sto	nck					1		1,600	I	By Spouse		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		tion Date Amount of		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Angela Ahmad, attorneyin-fact for Mitch C. Hill

** Signature of Reporting Person Date

02/11/2022

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

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.

 $^{^{\}star}$ 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).