Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## 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*						2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [ NARI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Hoffman William</u>						11 1/10	uicu	1, 11	<u>1C.</u> [	_ 11/2111	• ]			X	Direc	tor		10% O	wner
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)								X		Officer (give title below)		Other (sbelow)	specify
C/O INARI MEDICAL, INC.						10/28/2021										President	and (	CEO	
6001 OAK CANYON																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)															ine) X Form filed by One Reporting Person				
IRVINE	VINE CA 9263		261	8											Form filed by More than One Reporting				
														Perso		ic tricer	Tone Rep	orang	
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N					ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		, T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secur Benef Owner		icially d Following	Form (D) or Indire	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership
								С	ode	v	Amount	(A) or (D)	Price			action(s) . 3 and 4)		r. 4)	(Instr. 4)
Common Stock 10/28/2021					1				S <sup>(1)</sup> 3,		3,722	D	\$90.17	41 <sup>(2)</sup>	570,369			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, 1y nth/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			Amo Secu Unde Deri	tle and unt of irities erlying vative irity (Instr. d 4)	Der	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 11, 2020.
- 2. This transaction was executed in multiple trades at prices ranging from \$90.00 to \$90.38. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

## Remarks:

/s/ Angela Ahmad, attorneyin-fact for William Hoffman

10/28/2021

\*\* 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.