Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* Hykes Andrew				2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]						(Ch	eck all ap X Dire	plicable)	ng Person(s) to			
	(Fir RI MEDIC K CANYO	AL, INC.	Middle)			ate of E 20/202		saction	(Mont	h/Day/Year)			X belo	w)	below)	
(Street) IRVINE	CA	Λ 9	2618		4. lf	Amendi	ment, Date	of Origii	nal File	ed (Month/Da	y/Year)	Line	e) <mark>X</mark> Forr	n filed by On n filed by Mo	p Filing (Check A e Reporting Per re than One Rep	son
(City)	(Sta	ate) (Z	Zip)										Pels			
		Table	I - No	on-Deriva	tive	Secui	rities Ac	quire	d, Dis	sposed of	, or B	eneficia	lly Owr	ned		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) or tr. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)		(Instr. 4)
Common	Stock			01/20/20	023			S ⁽¹⁾		2,000	D	\$61.29	(2) 1	00,046	D	
Common	Common Stock 01/20/202		023			S ⁽¹⁾		6,900	D	\$62.07	(3)	93,146	D			
Common	Common Stock 01/2		01/20/20	/2023			S ⁽¹⁾		100	D	\$62.66 9		3,046(4)	D		
Common	Stock													1,550	I	By Child 1
Common	Stock													1,550	I	By Child 2
Common	Stock													1,550	I	By Child 3
Common	Stock													1,000	I	By Spouse
		Tal	ble II							oosed of, convertib			y Owne	d		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Tourity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivativ			ation D		7. Title Amoun Securit Underl Derivat Securit 3 and 4	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Fundamentia					Code	v	(A) (D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares				

- 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 14, 2022.
- 2. This transaction was executed in multiple trades at prices ranging from \$60.59 to \$61.57. 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.
- 3. This transaction was executed in multiple trades at prices ranging from \$61.60 to \$62.55. 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.
- 4. Balance includes 193 shares acquired under the Employee Stock Ownership Plan

/s/ Angela Ahmad, attorneyin-fact for Andrew Hykes

01/24/2023

** 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.