FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNER

	OWD ALL IN	O V/ \L
RSHIP	OMB Number:	3235-0287
	Estimated average bu	rden
	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).

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																		
	nd Address of an Williar	Reporting Person*							c. [N					(Che	ck all app	,	ng Pe	. ,	
													1				10% O		
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025									Officer (give title Other (sp below) below)					
C/O INA	RI MEDIC	AL, INC.			01/0	1/202	.5												
6001 OA	K CANYO	N			4. If A	Amend	ment.	Date o	f Origina	al File	d (Month/Da	v/Year)	6. Inc	lividual o	r Joint/Grou	p Filin	na (Check A	oplicable
(Ctro ot)							,				- (J	,	Line)				•	
(Street) IRVINE	CA	. 0	2618											1	4	filed by On		•	
IKVINE	CF		2010												Perso	filed by Mo on	re tna	in One Rep	orting
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securities Beneficial Owned Fo		ties cially I Following	Forn	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)		rice		nsaction(s) etr. 3 and 4)			(Instr. 4)	
Common	Common Stock 01/01/2			:025		F		713(1)	D \$3		51.05	5 440,520			D				
Common	mon Stock 01/01/2025							F		1,533 ⁽²⁾ D		\$	51.05	438,987			D		
		Tal	ble II -								osed of,				Owne	d			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curit	ies)					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				on Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (Ir	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly OF	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

- 1. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2021.
- 2. Consists of shares of common stock retained by Inari to satisfy the reporting person's tax obligation in connection with the vesting of restricted share units awarded in 2022.

/s/ Shannon Trevino, attorneyin-fact for William Hoffman

01/03/2025

** 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.