FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

			or Section 30(n) of the Investment Company Act of 1940							
			2. Issuer Name and Ticker or Trading Symbol Inari Medical, Inc. [NARI]		ationship of Reporting P k all applicable) Director	erson(s) to Issuer 10% Owner				
(Last) C/O INARI M	(First) IEDICAL, INC	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023	X	Officer (give title below) Chief Medical	Other (specify below)				
6001 OAK CANYON			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)				X	Form filed by One Reporting Person					
(Street) IRVINE	CA	92618			Form filed by More th Person	an One Reporting				
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication							
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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 Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	07/01/2023		F		231(1)	D	\$58.14	373,496	D		
Common Stock	07/01/2023		F		431 ⁽²⁾	D	\$58.14	373,065	D		
Common Stock	07/01/2023		F		463 ⁽³⁾	D	\$58.14	372,602	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		5. 6. Date Exerc Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	le and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price 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)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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.

3. 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 2023.

/s/ Angela Ahmad, attorneyin-fact for Thomas Tu

** Signature of Reporting Person Date

07/05/2023

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.

OMB APPROVAL

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