

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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* <u>MOTT RICHARD W</u>  (Last) (First) (Middle) <u>C/O TREACE MEDICAL CONCEPTS, INC.</u> <u>100 PALMETTO PARK PLACE</u>  (Street) <u>PONTE VEDRA FL 32081</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>TREACE MEDICAL CONCEPTS, INC. [ TMCI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/21/2024</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**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 Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	05/21/2024		A		15,091 <sup>(1)</sup>	A	\$0.00	1,042,844 <sup>(2)</sup>	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Stock Option (Right to Buy)	\$4.97	05/21/2024		A		33,260		(3)	05/21/2034	Common Stock	33,260	\$0.00	33,260	D	

**Explanation of Responses:**

- Represents restricted stock units (RSUs) for which the Reporting Person is entitled to receive one (1) share of Issuer's Common Stock for each RSU upon vesting. The RSUs will be 100% vested on the earlier of (a) May 21, 2025 or (b) the date of the 2025 annual meeting of stockholders, subject to Reporting Person's providing continued service to Issuer through the vesting date. The Reporting Person voluntarily elected to defer receipt of the shares of the Issuer's Common Stock issuable upon settlement of the RSUs until the earlier of a change in control or the Reporting Person's separation of service to the Issuer.
- Includes 15,091 restricted stock units.
- The stock option will vest in 12 substantially equal monthly installments, commencing on June 21, 2024, such that the stock option will be fully vested and exercisable on the earlier of (a) May 21, 2025, or (b) the date of the 2025 annual meeting of stockholders, subject to Reporting Person's providing continued service to Issuer through each vesting date.

/s/ Lisa Taylor as Attorney-in-fact for Richard W. Mott 05/22/2024  
 \*\* 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.