FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| A / I- ! 4  | D 0  | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per respons        | e· 0.5    |  |  |  |  |  |  |  |  |

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* BAYS F BARRY   |  |         |   |                    | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [ TMCI] |       |                                  |   |                         |   |        |                    |  |  | all app   | licable)<br>tor  | g Person(s) to Issuer  10% Owner                                   |   | vner     |            |
|---|--|---------|---|--------------------|--|-------|----------------------------------|---|-------------------------|---|--------|--------------------|--|--|---|--|--|---|----------|------------|
| (Last)  | (Fir   | st) (N  | Лiddl                                   | e)                 |  |       |                                  |   |                         |   |        |                    |  |  |   | below  | er (give title<br>/)   |   | Other (s | specify    |
| C/O TREACE MEDICAL CONCEPTS, INC.<br>100 PALMETTO PARK PLACE  |  |         |   |                    | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2023                              |       |                                  |   |                         |   |        |                    |  |  |   |  |  |   |          |            |
| (Street) PONTE VEDRA  | FL   | 3:      | 208                                     | 1                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                 |       |                                  |   |                         |   |        |                    |  | 6. Indiv<br>Line)<br>X   | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |   |          |            |
| (City)  | (Sta   | ate) (Z | Zip)                                    |                    |  |       |                                  |   |                         |   |        |                    |  |  |   |  |  |   |          |            |
|   |  | Table   | I - I                                   | Non-Deriva         | tive   | Secui | rities                           | Ac  | quir                    | ed, D   | ispose | d of               | , or I   | Benefi   | cially  | Own  | ed   |   |          |            |
| Date  |  |         | 2. Transaction<br>Date<br>(Month/Day/Ye | ar) l              | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                              |       | ,   [                            | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Ad<br>Disposed Of (D |                         |   |        |                    | 5. Amount of<br>Securities<br>Beneficially<br>Owned Followin<br>Reported |  | ties<br>cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)     |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |            |
|   |  |         |   |                    |  |       |                                  | [   | Code                    | v   | Amount |                    | A) or<br>D)  | Price  |   | Transa   | action(s)<br>3 and 4)  |   | 4)       | (111501.4) |
| Common Stock  |  |         | 01/11/202                               | 23                 |  |       |                                  | <b>S</b> <sup>(1)</sup>   |                         | 9,719   |        | D                  | \$24.3   | 32(2)  | 1,436,793(3)  |  |  | D   |          |            |
| Common Stock  |  |         |   | 01/12/202          | 23   |       |                                  |   | <b>S</b> <sup>(1)</sup> |   | 23,695 | 95 D \$25.1        |  | \$25.13  | 319 <sup>(4)</sup>  | 1,413,098 <sup>(3)</sup>   |  |   | D        |            |
| Common Stock 01/12  |  |         | 01/12/202                               | 23                 |  | S     |                                  | <b>S</b> <sup>(1)</sup>   |                         | 21,841  |        | D                  | \$25.94  | 438(5)   | 1,391,257(3)  |  |  | D   |          |            |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |   |                    |  |       |                                  |   |                         |   |        |                    |  |  |   |  |  |   |          |            |
| Derivative Security (Instr. 3)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year) |  |         |   | saction<br>(Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)   |       | Expiration Date (Month/Day/Year) |   |                         | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares |        | Der<br>Sec<br>(Ins | rice of<br>ivative<br>urity<br>tr. 5)                                    | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | ,   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |          |            |

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$24.0500 to \$24.755 inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

- 3. Due to an inadvertent error, the value in Table 1, Box 5 of the Form 4 filed on September 29, 2022 was incorrectly reported. This value corrects the aforementioned error.
- 4. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$24.5500 to \$25.5400 inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 5. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$25.5500 to \$25.9900 inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Lisa Taylor as Attorney-infact for F. Barry Bays

01/13/2023

\*\* 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.