FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 2054	9
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average	burden									
- 1	hours nor roomana	. 0.5									

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* MOTT RICHARD W (Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.						2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [TMCI] 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024									tionship of Reportir all applicable) Director Officer (give title below)		ng Person(s) to Is 10% O Other (s below)		wner
																			вреспу
		ARK PLACE	ĺ		4. If	Amend	ment,	Date (of Orig	inal File	ed (Month/Da	ny/Year)		ne)		Joint/Group			·
(Street) PONTE VEDRA	•				Rule 10b5-1(c) Transaction Indication								X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)							his box	to ind	icate th	at a trar	nsaction was m	nade pur	suant to a	contract, uction 10	instru	ction or writte	en plan	that is inter	nded to
		Table	I - N	lon-Deriva	ative	Secu	rities	Acc	quire	d, Di	sposed of	, or E	Benefici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Year)	Execution		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Se Be Ov		5. Amount of Securities Beneficially Owned Following		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Tr		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 05/10/202					24				P		83,198	A	\$4.565	6(1)	990,951(2)		D		
Common Stock 05/13/202					24			P		36,802	A	\$4.377	772(3)		1,027,753(2)		D		
		Tal	ble I	l - Derivati (e.g., ρι							oosed of, convertib				ned	I			
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)		Expir	te Exer ration C tth/Day/		7. Title Amou Secur Under Deriva Secur 3 and	int of rities rlying ative rity (Instr. 4)	Derivat Securit	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ D	0. Ownership Form: Ownered (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average purchase price. These shares were bought in multiple transactions at prices ranging from \$4.4000 to \$4.6500 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 bought at each separate price within the range set forth in this footnote.
- 2. Includes 2,753 restricted stock units
- 3. The price reported in Column 4 is a weighted average purchase price. These shares were bought in multiple transactions at prices ranging from \$4.320 to \$4.5900 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 bought at each separate price within the range set forth in this footnote.

/s/ Lisa O. Taylor as Attorney in Fact for Richard W. Mott

05/13/2024

** 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.