FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response.	0.5						

	tion 1(b).			File							es Exchan		934			liouis	per res	sporise.	0.5
1. Name and Address of Reporting Person* Berry Lance A				TF	2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. TMCI									ionship o all applic Directo	able)	g Pers	son(s) to Iss	ner	
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024									Officer (give title below)		Other (specify below)		pecify	
100 PALMETTO PARK PLACE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PONTE VEDRA FL 32081															led by Mor	ed by One Reporting Person and by More than One Reporting			
(City)	(S	(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to							
		Tab	le I - Nor	า-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficia	lly C	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Date,	Transaction Disposed (Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 a		Beneficially Owned Follo		Form (D) o ollowing (I) (Ir		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) o (D)	r Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock 05/21				/2024			A		15,091	15,091 ⁽¹⁾ A		20,676(2)		576 ⁽²⁾		D			
		1	Гable II -								osed of, onvertil			/ Ov	vned				
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)				Date, 1	4. Transaction Code (Instr. 8)		n of E		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 (Instr. 4)	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	٧	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
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	0	D	

Explanation of Responses:

- 1. 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.
- 3. 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-infact for Lance A. Berry

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.