FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

VVc	asinington,	D.C. 20049	

Section 16. Form 4 or Form 5
obligations may continue. See Instruction 1(b).
mstruction r(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

OMB APPROVAL									
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Guglielmino Guy				2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
					TMCI]							V	Office	Officer (give title		Other (s			
(Last) (First) (Middle) 100 PALMETTO PARK PLACE			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024									below) below) Chief Commercial Officer							
(Street) PONTE VEDRA	FL	, 3	32081		4. If A	Amendi	ment,	Date o	f Origina	al File	d (Month/Da	y/Yea	r)	6. Inc	Form	r Joint/Group I filed by One	e Repor	ting Perso	on
(City)	(St	ate) (2	Zip)												Pers		e tilali v	One Nepo	rung
		Table	I - No	n-Deriva	tive S	Secui	ities	Acq	uired,	Dis	posed of	, or	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			Execution Date,		3. 4. Securities Acqu Transaction Disposed Of (D) (In Code (Instr. 8)					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
						Code V				A) or D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 12/01/2					024		A		330,000 ⁽¹⁾ A		Α	\$ 0	330,000(2)		I	D			
Common Stock 12/01/2					:024		A		33,000 ⁽³⁾ A		\$0	363,000(4)		D					
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		Di Si (Ii	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (). wnership orm: irect (D) r Indirect ı (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
					Codo		(A) (D)		Date	-1-1-	Expiration	Titlo	Amo or Num of	nber					

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 vest in four equal annual installments on the first, second, third and fourth anniversaries of the grant date; subject to Reporting Person's providing continued service to Issuer through each vesting date.
- 2. includes 330,000 RSUs.
- 3. 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 vest in four equal annual installments on the first, second, third and fourth anniversaries of the grant date; subject to Reporting Person's providing continued service to Issuer through each vesting date. These RSUs represented a portion of the executive's signing bonus which was granted in equity rather than in cash.
- 4. Includes 363,000 RSUs.

/s/ Lisa Taylor as Attorney-infact for Guy Guglielmino

12/05/2024

** 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.