FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington, 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								

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*  TREACE JAMES T						2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [ TMCI ]								Relationship of Reportin (Check all applicable)     X Director				10% Owner	
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC. 203 FORT WADE ROAD, SUITE 150					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022										below	er (give title		Other (s	specify
(Street) PONTE VEDRA	ITE FI 32081					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applica Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					on
(City)	(Sta	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/You				ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		ָּ   דַ	3. Transaction Code (Instr. 8)					5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							c	ode	v	Amount (A) or (D) Price		Price		Transaction(s) (Instr. 3 and 4)		(50. 4)		(	
Common Stock 06/16/20				06/16/202	2			S <sup>(1)</sup>		20,809	D	\$13.57	94(2)	1,3	1,315,632		D		
Common Stock 06/17/202.				2			S <sup>(1)</sup>		29,191	D	\$13.73	3.734(3)		1,286,441		D			
Common Stock														55	56,183			By spouse	
	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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				action (Instr.	5. Num of Deriv. Secun Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expiration Date (Month/Day/Year)  Date Expiration			Amo Secu Undo Deri Secu 3 an	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Shares		Price of erivative scurity shart. 5)  9. Number derivative scurities Beneficial Owned Following Reported Transacti (Instr. 4)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. Transactions made pursuant to a 10b5-1 trading plan adopted by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$13.33 to \$14.04 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. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$13.52 to \$14.00 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.

/s/ Lisa Taylor, as Attorney-in-06/21/2022 fact for James T. Treace

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.