FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C. 20549	

UIVID APPR	OVAL					
OMB Number:	3235-0287					
Estimated average be	urden					
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Berutti Aaron (Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC. 100 PALMETTO PARK PLACE					Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [TMCI] 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2022								<u>C.</u> [((5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. VP, Sales 6. Individual or Joint/Group Filing (Check Applicable)					
(Street) PONTE VEDRA	FL	3.	2081		7.11/	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)					
(City)	(Sta		Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Transaction 2. Transaction 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																			
Date (Month/Day/N								Transaction Code (Instr. 8)		f (D) (Instr. 3, 4		Benefi Owned		icially (D)		r Indirect nstr. 4)	of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/21/20					2022				P		1,825	A	\$21.8	3599 13		3,775(1)		D	
	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)	Derivative Conversion Date Execution Date, if any				Transaction Code (Instr. 8) Code (Instr. Sec Acq (A) o Disp of (I		osed) : 3, 4	Expiration E e (Month/Day/ s		ate	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der Sec	rice of ivative urity tr. 5)	rative derivative rity Securities	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

1. Includes 11,950 RSUs.

Remarks:

/s/ Lisa Taylor as Attorney-in-

fact for Aaron Berutti

** Signature of Reporting Person Date

11/21/2022

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.