FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549		

wasnington, D.C. 20049	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

	Check this box if no longer subject to
1	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

OMB AP	OMB APPROVAL									
OMB Number:	OMB Number: 3235-0287									
Estimated average burden										
hours per respon	se: 0.5									

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 Pula 1055.
intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Name and Address of Reporting Person*     Scanlan Sean F.				TR	2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [ TMCI ]								(CI	neck all app Direc	licable)		rson(s) to Is 10% Ov Other (s	vner	
(Last)	(Fir	et) (M	Middle)		Officer (give title Other (specify below) below)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC. 100 PALMETTO PARK PLACE					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025									C	hief Innov	ation	n Officer		
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)					
PONTE	FL	3	2081													•		orting Perso	
VEDRA															Form Perso		re tha	n One Repo	orting
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Executi		Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,		(A) or 3, 4 aı	nd Securit Benefic	ities Folicially (D		. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (D	) or )	Price	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			01/10/	/2025				F		4,821		D	\$ <mark>0</mark>	225,	253(1)(2)		D	
		Tal									osed of, onvertib					d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber res					

## Explanation of Responses:

- 1. Includes 198,078 restricted stock units.
- 2. Reflects the transfer of 20,000 shares of common stock to the reporting person's former spouse pursuant to a domestic relations order.

/s/ Lisa Taylor as Attorney-in-01/14/2025 fact for Sean Scanlan

\*\* 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.