SEC For	rm 4 FORM 4	4	UNIT		ΓES	S SEC	URITI	ES A) EXCHA	ANGE	ECOM	MIS	SION	4			
			Wash	nington,	, D.C.	20549					C	MB APPR	OVAL					
to Sec obligat	this box if no lo tion 16. Form 4 tions may contir tion 1(b).	or Form 5	S		l pur	T OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							RSH	liP	Estima	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person [*] MOTT RICHARD W					T	2. Issuer Name and Ticker or Trading Symbol <u>TREACE MEDICAL CONCEPTS, INC.</u> [TMCI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify				
(Last)(First)(Middle)C/O TREACE MEDICAL CONCEPTS, INC.100 PALMETTO PARK PLACE						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2022								below		below		
(Street) PONTE VEDRA	PONTE EL 32081					4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indivi ine) X	,				
(City) (State) (Zip)																		
		Tab	le I -	Non-Deriva	ativ	e Secur	ities A	cquir	ed, [Disposed	of, or	Benefic	ially	Owne	d			
Date				2. Transaction Date (Month/Day/Ye		Execution Dat		Code (In							ies ially Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Transa (Instr. 3	ction(s)	(Instr. 4)	(Instr. 4)	
Common Stock 03/08/				03/08/202	3			S ⁽¹⁾		25,000	D	\$22.	.5	1,08	0,000 ⁽²⁾	D		
Common Stock				03/08/202	3/08/2023					20,000	D	\$24.00	0001 ⁽³⁾		0,000 ⁽²⁾	D		
Common Stock 03/09/202					.3			S ⁽¹⁾		1,502	D	\$26	5	1,05	8,498(2)	D		
			able	II - Derivati (e.g., pu						sposed of s, convert				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Yea	r) Exe	. Deemed ecution Date,	4. Tra Coo	4. 5. Numb Transaction of Code (Instr. Derivativ		er 6. E Exp ve (Mo	Expiration Date (Month/Day/Year)			tle and ount of urities erlying	, 8. Pr	vative irity	9. Number derivative Securities Beneficially	Ownershi Form:	p 11. Nature of Indirect Beneficial Ownershi	

Derivative Security (Instr. 3)		Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

2. Includes 2,295 RSUs.

3. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$24,0000 to \$24,0100 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.

Remarks:

/s/ Lisa Taylor as Attorney-in-03/10/2023

fact for Richard Mott

** 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.