FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>Treace John T.</u>					2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [TMCI]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
	Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC. 00 PALMETTO PARK PLACE			C.	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2022								X	X Officer (give title Other (specify below) Chief Executive Offer				
(Street) PONTE VEDRA FL 32081				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)				rson		
(City)	City) (State) (Zip)																	
		Table	I - Non	n-Deriva	tive	Secui	rities	Acc	quire	d, Di	sposed of	f, or B	enefi	cially	Own	ed		
Date			Transaction ite onth/Day/Ye	ear)	zA. Deemed Execution Date, if any (Month/Day/Year)		e, 1	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							-	Code	٧	Amount	(A) or (D)	Price	Tropposition(o)			(111501.4)		
Common Stock 11/21/2				11/21/202	2				P		15,000	A	\$21.827 ⁽¹⁾ 5,541,455 ⁽²⁾		1,455(2)	D		
Common Stock														1,60	05,000	I	By Spouse ⁽³⁾	
Common	Stock														1,4′	71,250	I	By Spouse as cotrustee of a trust dated Sept 30, 2020 ⁽³⁾
Common Stock														1,83	39,063	I	As Trustee of a trust dated Sept 25, 2020 ⁽⁴⁾	
Common Stock														40	8,816	I	As Co- Trustee of a trust dated July 29, 2021 ⁽⁴⁾	
		Та									oosed of, convertib				Owned	t l		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Executity or Exercise (Month/Day/Year) if any		if any	cution Date, Tra		of de (Instr. of Der Sec Acc (A) Dis of (I		sed . 3, 4	Expir	te Exer ation I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amour or Number of Shares	er				

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average purchase price. These shares were bought in multiple transactions at prices ranging from \$21.5500 to \$21.9700 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 bought at each separate price within the range set forth in this footnote.
- 2. Includes 33,875 restricted stock units.
- 3. The Reporting Person disclaims beneficial ownership of shares held by his wife directly or in trusts for which his wife serves as trustee or co-trustee.
- 4. The Reporting Person disclaims beneficial ownership of shares held in trust for which he serves as Trustee or Co-Trustee.

Remarks:

/s/ Lisa Taylor as Attorney-in- 11/21/2022 fact for John T. Treace

** 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.