Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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*     Elder Scot Michael					2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [ TMCI ]									ck all app Direc	tionship of Reporting all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	/ner	
(Last) C/O TRE	(Fir	st) (N	Middle) PTS, IN	C.	3. Date of Earliest Transaction (Month/Day/Year) 10/03/2023							^	below	below) below) *See "Remarks"					
100 PALMETTO PARK PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) PONTE VEDRA	PONTE FI 32081				Dula 10hF 1(a) Transportion in direction							X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nded to						
		Table	I - Noı	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	ficiall	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exec ay/Year) if an		a. Deemed recution Date, any onth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4				ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 10/03				10/03/	2023			F		402	I	) !	\$0.00	49,	,519 <sup>(1)</sup>		D		
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instrand 5	rities ired r osed )	Expiration Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Di Si (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercise	able	Expiration Date	Title	Amou or Numb of Share	per					

## **Explanation of Responses:**

1. Includes 45,241 RSUs.

## Remarks:

\*Chief Legal & Compliance Officer, Corporate Secretary

/s/ Lisa Taylor as Attorney-infact for Scot Elder

10/05/2023

\*\* 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.