SEC For	m 4 FORM	4	UNITED	) STA	TES	S SE		ITIE	ES AND	DE	ХСНА	NGE C	юмм	ISSION				
						Washington, D.C. 20549										OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See						<b>IT OF CHANGES IN BENEFICIAL OWNERSHIP</b> pursuant to Section 16(a) of the Securities Exchange Act of 1934										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
Instruc				FIIE	ea purs or	Suant to Section	o Section on 30(h) o	of the	Investment	t Cor	mpany Act	of 1940	934					
1. Name and Address of Reporting Person <sup>*</sup> Hanna Betsy					T	2. Issuer Name and Ticker or Trading Symbol <u>TREACE MEDICAL CONCEPTS, INC.</u> [ TMCI ]								heck all applie X Directo	cable) or	10% Owner		
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.					_									Officer below)	er (give title Other (specify w) below)			
100 PALMETTO PARK PLACE					- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joir Line)   X Form filed											g (Check Ap orting Perso	
l` í	(Street) PONTE VEDRA FL 32081					Form filed by M Person										re thar	n One Repo	rting
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
						Chec satisf	k this box y the affirr	to indi mative	icate that a t defense cor	ransa nditio	action was m ns of Rule 1	nade pursua 0b5-1(c). S	nt to a cor ee Instructi	tract, instructio on 10.	n or written	plan th	nat is intended	d to
		Tab	le I - Nor	n-Deriv	ativ	e Sec	curities	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Dee Executio Day/Year) if any (Month/			Date,	Code (li	Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	r Price		ported nsaction(s) str. 3 and 4)			(Instr. 4)
Common Stock				05/2	21/2024				Α		15,091	<sup>(1)</sup> A	\$0.0	00 21,3	1,326 <sup>(2)</sup>		D	
		-	Fable II -						uired, D , option					y Owned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction 3A. Deemed		Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$4.97	05/21/2024			A		33,260		(3)		)5/21/2034	Common Stock	33,260	\$0.00	33,26	i0	D	
Explanation	n of Respons	Ses:	•				*					•					4	

1. Represents restricted stock units (RSUs) for which the Reporting Person is entitled to receive one (1) share of Issuer's Common Stock for each RSU upon vesting. The RSUs will be 100% vested on the earlier of (a) May 21, 2025 or (b) the date of the 2025 annual meeting of stockholders, subject to Reporting Person's providing continued service to Issuer through the vesting date. The Reporting Person voluntarily elected to defer receipt of the shares of the Issuer's Common Stock issuable upon settlement of the RSUs until the earlier of a change in control or the Reporting Person's separation of service to the Issuer.

2. Includes 15,486 restricted stock units.

3. The stock option will vest in 12 substantially equal monthly installments, commencing on June 21, 2024, such that the stock option will be fully vested and exercisable on the earlier of (a) May 21, 2025, or (b) the date of the 2025 annual meeting of stockholders, subject to Reporting Person's providing continued service to Issuer through each vesting date.

/s/ Lisa Taylor as Attorney-in-	05/22/2024
fact for Betsy Hanna	03/22/2024

\*\* 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.