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	

STATEMENT (OF CHANGES	S IN BENEFICIAI	_ OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
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hours per response:	0.5									

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

1. Name and Address of Reporting Person* MOTT RICHARD W					2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [TMCI]										ationship of Reporting all applicable) Director		10% O		wner
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023									belov	er (give title v)		Other (s	specify	
100 PALMETTO PARK PLACE				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PONTE VEDRA	FL	FL 32081												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I						irsuant to a							
		Table	I - I	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	sposed o	f, or	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You			Execution Da		n Date	ate, Transac Code (Ir		action					5. Amount of Securities Beneficially Owned Following Reported		Fori (D)	m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								c	Code	v .	Amount (A)		Price		Transaction(s) (Instr. 3 and 4)		(IIIS	Instr. 4)	(111511.4)
Common Stock 04/03/2023					3				S ⁽¹⁾		201	D	\$26		924,799(2)			D	
Common Stock 04/04/2023				3			S ⁽¹⁾		15,756	D	\$26.000	5.0007(3)		909,043(2)		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)		action (Instr.	of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exe piration onth/Day te te ercisable	(Year)	Amo Secu Unde Deriv Secu 3 and	Amount or Number of	Der Sec	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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 \$25,0000 to \$25,9050 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-infact for Richard Mott

04/05/2023

** 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.