SEC Form 4 FORM 4 UNIT	TED STATE	ES SECURITI				NGE	E COM	MISSION			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed p	Wash T OF CHANG oursuant to Section 16 or Section 30(h) of th	S(a) of th	N B	ENEFIC	of 1934	COMB APPROVAL OMB Number: 3235- Estimated average burden hours per response:			3235-0287	
1. Name and Address of Reporting Person* <u>TIMBIE THOMAS E</u>		2. Issuer Name and TREACE MEI	Ticker o	r Tradi	ing Symbol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)				
(Last) (First) (Midd C/O TREACE MEDICAL CONCEPTS 100 PALMETTO PARK PLACE	, INC.	3. Date of Earliest Tra 11/16/2022									
(Street) PONTE VEDRA (City) (State) (Zip)		4. If Amendment, Dat	te of Ori	ginal I	⊦ıled (Month/		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	 Non-Derivati	ive Securities A	cquire	ed, C	Disposed	of, or	Benefic	ially Owne	d		
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5) Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and		(Instr. 4)	(
Common Stock 11/16/202			S <sup>(1)</sup>		50,000	D	\$20.13		) 1,399,069		Thomas E. Timbie and Pamela F. Timbie, TTEEs of the Thomas E. Timbie Rev Trust u/a dtd May 2, 2001
Common Stock								2,29	5(3)	D	
Common Stock								385,0	000	I	Pamela Timbie and Thomas Timbie as Trustees of the PAMELA F TIMBIE
		e Securities Ac									REV TRUST

(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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transaction of Code (Instr. Derivati		vative rities lired r osed ) r. 3, 4	Expiration Date (Month/Day/Year) s			e and unt of rities rlying ative rity (Instr. 4)	Derivative	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature 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. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$19,760 to \$20.370 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.

3. 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 May 17, 2023 subject to Reporting Person's providing continued service to Issuer through the vesting date.

Remarks:

/s/ Lisa Taylor as Attorney-in-11/18/2022

 fact for Thomas Timbie
 11/10/2

 \*\* Signature of Reporting Person
 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.