Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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* Elder Scot Michael					TR	2. Issuer Name and Ticker or Trading Symbol TREACE MEDICAL CONCEPTS, INC. [TMCI]									eck all app	,		rson(s) to Is 10% Ov Other (s	vner			
(Last) C/O TRI	(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024								X Officer (give title Officer (specify below) Chief Legl & Comp Off, CorpSec							
100 PALMETTO PARK PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street) PONTE VEDRA	E1 32081														Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	(Zip) Check this box to indica								ransaction Indication e that a transaction was made pursuant to a contract, instruction or written plan that is intended to ense conditions of Rule 10b5-1(c). See Instruction 10.											
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	oosed of	, or E	3ene	ficial	ly Own	ed						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution			Date,	3. Transaction Code (Instr 8)					3, 4 and Securi		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)			(111501. 4)			
Common	/2024				F		169	I	D	\$ 0	110,041 ⁽¹⁾			D								
Common Stock 03/10/2						2024			F		1,666	D		\$ <mark>0</mark>	108,375(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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of		6. Date I Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		nstr.	. Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	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	Amo or Num of Shar	ber								

Explanation of Responses:

- 1. Includes 105.763 restricted stock units
- 2. Includes 104,097 restricted stock units.

/s/ Lisa O. Taylor as Attorney in Fact for Scot M. Elder

03/1<u>2/2024</u>

** 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.