SEC Form	4
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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section	on 16(a) of the	e Securities	Exchange Act of	f 1934

						ction 30(h) of the Ir				1010						
1. Name and Address of Reporting Person [*] Scanlan Sean F.				2. Issuer Name and Ticker or Trading Symbol <u>TREACE MEDICAL CONCEPTS, INC.</u> [TMCI]					(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Innovation Officer						
(Last) (First) (Middle) C/O TREACE MEDICAL CONCEPTS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2024											
100 PALMETTO PARK PLACE				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PONTE	FI		32081		,								filed by Mor	e Reporting Pers e than One Rep		
(City)		tate)	(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.											
		Tab	le I - No	n-Deriv	ative S	ecurities Acq	juired,	Dis	posed of	, or Ben	eficia	lly Owne	d			
1. Title of Security (Instr. 3) Date (Month/Date)			Execution Date		Code (Instr. 5)			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code V Am			Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(1150.4)			
Common Stock 01/10/					/2024		Α		65,025(1)) A	\$0.0	0 97,	209 ⁽²⁾	D		
		Т	able II -			curities Acqu Ills, warrants,						y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transacti Code (Ins 8)		6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (I	f 9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following	Ownershi Form:	Beneficial Ownershi (Instr. 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 vest in equal annual installments over 4 years, with the first installment vesting on January 10, 2025 and the last installment vesting on January 10, 2028; subject to Reporting Person's providing continued service to Issuer through

Explanation of Responses:

\$13.46

each vesting date.

2. Includes 96,070 RSUs.

3. The stock option vests in equal annual installments over 4 years, with the first installment vesting on January 10, 2025 and the last installment vesting on January 10, 2028, subject to Reporting Person's providing continued service to Issuer through each vesting date.

Date Exercisable

(3)

Expiration Date

01/10/2034

Remarks:

Stock

Option

Buy)

(Right to

/s/ Lisa Taylor as Attorney-in-

fact for Sean Scanlan

Title

Stock

Option (Right

to

Buy)

Amount o Number of Shares

73,200

\$<mark>0.00</mark>

01/12/2024

73,200

D

** 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).

01/10/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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Code

A

(A)

73,200

(D)

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.