FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasimigton,	D.O.	20040

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>
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OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  Sullivan John F  (Last) (First) (Middle)  C/O TRANSMEDICS GROUP, INC.  200 MINUTEMAN ROAD  (Street)  ANDOVER MA 01810							2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX]  3. Date of Earliest Transaction (Month/Day/Year) 12/15/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     Officer (give title other (specify below)     VP of Quality & Engineering      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					ction	ion 2A. Deemed Execution Date, //Year) if any			3. 4. Securities		es Acquired (A) o Of (D) (Instr. 3, 4		or and 5) 5. Amo Securit Benefic Owned Report		int of es ally Following d	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										٧	Amount	(A) or (D)	Price			Transaction(s) (Instr. 3 and 4)			
Common	Stock			12/15/	2020	20		<b>M</b> <sup>(1)</sup>		3,000	A	\$0.3	50.39 1		3,828		D		
Common	Stock			12/15/	2020	020		S <sup>(1)</sup>		3,000	D	\$16.6	3 <sup>(2)</sup>	10	),828		D		
Common	Common Stock 12/16/20			2020	020		М		1,000	A	\$0.3	\$0.39		1,828		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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			Transaction Code (Instr.		of		6. Date Exercise Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to Buy)	\$0.39	12/15/2020			M <sup>(1)</sup>		3,000		(3)		09/27/2021	Common Stock	3,000	)	\$0.00	11,617	7	D	
Stock Option (Right to	\$0.39	12/16/2020			M		1,000		(3)		09/27/2021	Common Stock	1,000		\$0.00	10,617	7	D	

## **Explanation of Responses:**

- 1. The reported transactions were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$16.50 to \$16.81 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company 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.
- 3. The option is fully vested.

## Remarks:

By: /s/ Stephen Gordon,
Attorney-in-Fact

12/17/2020

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.