FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL												
OMB Number: 3235-028													
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*					2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Hassanein Waleed H</u>					1	Transfriction Group, me. [1111DA]								X Direc		tor	10% C		wner
(Last)	(Fir	rst) (N	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)								X	Office belov	er (give title w)		Other (: below)	specify
C/O TRANSMEDICS GROUP, INC.					11/0	11/07/2022										President & CEO			
200 MINUTEMAN ROAD																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													L	Line)					
ANDOVER MA 01810													X Form filed by One Reporting Person						
,														Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				.	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 1)				4 and 5) Secur Bene Owne		cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)
Common Stock 11/07/20					22			S ⁽¹⁾		2,769	D	\$60.	.07 ⁽²⁾		43,516		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				` ' ' ' '	its, c	aiis, v			· ·			_		i					1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

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 \$60.00 to \$60.32, 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.

Remarks:

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

11/09/2022

** Signature of Reporting Person

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.