FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.0 | C. 20549 |
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| | OTATEMENT OF OUR MORO IN DENIETIONAL OWNIEDOUGH |
|--|---|
| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | | |
| hours per response: | | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Khayal Tamer I | | | | | | TransMedics Group, Inc. [TMDX] | | | | | | | | | all applicable) Director Officer (give title | | | 10% Ov | vner | |
|--|---|--|---|-----------|------------------------------|---|-----|-----------------------------------|---|------------------------------|---------------------------------|--|--|---------------------------------------|---|---|-------------------------|--|--|--|
| (Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2021 | | | | | | | | | Officer (give title below) Other (specify below) Chief Commercial Officer | | | | | |
| (Street) ANDOV (City) | | tate) | 01810 (Zip) | | WO. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | | 2. Transa | ction | Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) o | | d (A) or | or 5. Amor and 5) Securiti Benefic | | int of | Form (D) o | n: Direct r Indirect | 7. Nature of Indirect Beneficial | | |
| | | | ay/ rear) | 8) Code V | | | | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | | d tion(s) | (I) (Instr. 4) | | Ownership (Instr. 4) | | | | |
| Common Stock 09/0 | | | | | 2021 | | | | M ⁽¹⁾ | | 3,941 | A | \$0.2 | 8 | 50,017 | | | D | | |
| Common Stock 09/07/2 | | | | 2021 | 2021 | | | S ⁽¹⁾ | | 3,941 | D | \$35.0 | 8(2) | 46,076 | | | D | | | |
| | | Т | able II | | | | | | | | oosed of converti | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | on Date, | 4. Transa Code (8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Prio Deriva Secur (Instr. | tive ty | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to | \$0.28 | 09/07/2021 | | | M ⁽¹⁾ | | | 3,941 | (3) | | 05/29/2023 | Common Stock | 3,941 | \$0.0 | 0 | 19,185 | 5 | 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 \$35.00 to \$35.22, 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, 09/08/2021 Attorney-in-Fact

** 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.