FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANG | SES IN BE | NEFICIAL | OWNERSHIP |
|-----------|----------|-----------|----------|-----------|
|           |          |           |          |           |

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-        |     |  |  |  |  |  |  |  |  |
| 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

| l   | nd Address of<br>ein Waled  | Reporting Person* |   |                |   |  | r Name <b>a</b> r<br><u>Medics</u> |        |  |     | Symbol TMDX             |  |  |   | ck all applic                                       | cable)<br>or  | g Pers        | 10% Ov   | vner                                  |
|---|---|-------------------|---|----------------|---|--|------------------------------------|--------|--|-----|-------------------------|--|--|---|---|---|---------------|--|---------------------------------------|
|   | ,   | CS GROUP, INC     | (Middle)  |                |   |  | of Earliest<br>2023                | Transa | nsaction (Month/Day/Year)                                      |     |                         |  |  | - X   | below)  | (give title Presider  | nt & (        | Other (s<br>below)<br>CEO  | specify                               |
| (Street) ANDOV (City)                               |   |                   | 01810<br>(Zip)                                    |                | - 4. l  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                    |        |  |     | 6. Inc<br>Line)         | Form fi  | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson |   |   |   |               |  |                                       |
|   |   | Tab               | ole I - Nor                                       | n-Deriv        | vativ   | e Se   | curities                           | s Acc  | quired,  | Dis | posed o                 | f, or Be   | nefi   | icially   | Owned   |   |               |  |                                       |
| Da  |   |                   | 2. Trans<br>Date<br>(Month/                       |                | action 2A. Deemed Execution Date, if any (Month/Day/Year) |  | Code (Instr.   5)                  |        | 4 and Securiti<br>Benefic                                      |     | es<br>ally<br>Following | Form<br>(D) o  | n: Direct<br>r Indirect<br>istr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |               |  |                                       |
|   |   |                   |   |                |   |  |                                    |        | Code   | v   | Amount                  | (A) (D)  | (A) or (D) Price   |   | Transact  | Transaction(s)<br>(Instr. 3 and 4)  |               |  | (111311. 4)                           |
| Common Stock 02/20                                  |   |                   |   |                | 0/202   | )23 A 37,332 <sup>(1)</sup> A \$0.00 426,44              |                                    | 5,444  |  | D   |                         |  |  |   |   |   |               |  |                                       |
|   |   | •                 | Table II -  |                |   |  |                                    |        |  |     | osed of,<br>onverti     |  |  |   | Owned   |   |               |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                   | 3A. Deemed<br>Execution E<br>if any<br>(Month/Day | Date, Transact |   |  |                                    |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     | )                       | 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |  |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | e<br>s<br>lly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |                   |   |                | Code  | v  | (A)                                |        | Date<br>Exercisab  |     | Expiration<br>Date      | Title  | or<br>Nur<br>of  | ount<br>mber<br>ares  |   |   |               |  |                                       |
| Stock<br>Option<br>(Right to<br>Buy)                | \$66.1  | 02/20/2023        |   |                | A   |  | 57,165                             |        | (2)  |     | 02/20/2033              | Common<br>Stock  | 57,  | ,165  | \$0.00  | 57,16   | 5             | D  |                                       |

## **Explanation of Responses:**

- 1. Includes 37,332 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 2. The option vests at a rate of 2.0833% of the total number of shares subject to the option each month following February 20, 2023 until the option is fully vested on February 20, 2027, subject to continued

## Remarks:

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

02/22/2023

\*\* 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.