FORM 4

## **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 ner resnonse.	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*  Khayal Tamer I				2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [ TMDX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner							
	ANSMEDIC	CS GROUP, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/14/2023								2	below)	Officer (give title below)  Chief Comme		belo	· .
200 MINUTEMAN ROAD  (Street)  ANDOVER MA 01810				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(City)	(S	tate)	(Zip)		-									Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			Date	Transaction ate Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			02/14/2023				<b>M</b> <sup>(1)</sup>		4,070	A	\$1	6	5,37	5,370		D		
Common Stock 02/14			02/14/2	023	123			<b>S</b> <sup>(1)</sup>		4,070	D	D \$70.15 <sup>(2)</sup>		1,30	1,300		D		
Common Stock														11,0	51		I	By the Tamer Ibrahim Ahmed Khayal Trust	
Common Stock														24,7	76		,	By the Khayal Family 2021 Irrevocable Trust	
		Т	able I								posed of, , converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code 8)	action (Instr.	of Deri Sec Acq (A) ( Disp of (I	oosed D) tr. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)
			Code V (A) (D) Date Expiration Date Title		Amo or Num of Shar	ber													
Stock Option (Right to Buy)	\$16	02/14/2023			M <sup>(1)</sup>			4,070	(3)		05/01/2029	Commor Stock	4,0	70	\$0.00	\$0.00 40,215		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 \$70.00 to \$70.35, 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 vests in equal monthly installments over four years beginning on the date of grant, May 1, 2019.

## Remarks:

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

02/16/2023

\*\* 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.