FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Instruc	tion 1(b).			Filed	pursua	ant to S	Section	16(a)	of the	Securi	ties Exchang	e Act of	1934		lioura	per res		0.5
					_		. ,				mpany Act o	ī 1940	T _e	Deletien	in of Done with	Da	non(a) to !-	
Name and Address of Reporting Person* Hassanein Waleed H				2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>MdSSdII</u>	em water	eu n							I>					X Dire	ctor		10% Ov	vner
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below)			Other (specify below)	
C/O TRANSMEDICS GROUP, INC.					11/07/2023							President & CEO						
200 MINUTEMAN ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable						
]							Li	Line) X Form filed by One Reporting Person						
(Street)													Form filed by More than One Reporting					
ANDOV	ER M.	A 0	1810											Pers				9
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication													
											saction was m				ruction or writt	ten plan	that is inten	nded to
						satisfy tl	he affiri	mative	defense	condit	ions of Rule 10	0b5-1(c).	See Instr	uction 10.				
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	enefic	ally Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution Date,					s Acquired (A) of f (D) (Instr. 3, 4		d 5) Secur Bene Owne	ities For icially (D) d Following (I) (orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		rted action(s) . 3 and 4)		[(Instr. 4)
Common	Stock			11/07/20	023				S ⁽¹⁾		15,000	D	\$64.3	\$64.32 ⁽²⁾ 514,191 ⁽³⁾ D			D	
		Tal	ble II								osed of,				ed			
			1		•	alis, v			•		convertib			<u> </u>				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Transaction of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		Code (Instr.		vative rities pired r osed)	6. Date Exercisable a 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)		y G	LO. Dwnership Form: Direct (D) Or Indirect I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
						(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares							

Explanation of Responses:

- 1. The reported transactions were effected pursuant to a Rule 10b5-1 trading plan entered into on December 14, 2022.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$64.06 to \$64.53, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer 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. Includes 37,332 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.

By: /s/ Stephen Gordon, 11/09/2023 Attorney-in-Fact

** 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.