FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Filed pursuant to Section	16(a) of the Securities	Exchange Act of 1934

1. Name and Add	, ,	Person [*]	2. Issuer Name and Ticker or Trading Symbol <u>TransMedics Group</u> , Inc. [TMDX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Khayal Tamer I</u>			<u>Indistricties Group, Inc.</u> [IMDX]	ľ	Director	10% Owner				
			Dete of Earliest Transaction (Marth/Dav/Maan)	X	Officer (give title below)	Other (specify below)				
(Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC.			3. Date of Earliest Transaction (Month/Day/Year) 11/11/2022		Chief Commercial Officer					
200 MINUTE	MAN ROAD			_						
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
ANDOVER	MA	01810		X	Form filed by One Re	porting Person				
					Form filed by More the Person	an One Reporting				
(City)	(State)	(Zip)								
		Table I - Non-D	erivative Securities Acquired. Disposed of. or Bene	ficially	Owned					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	11/11/2022		M ⁽¹⁾		2,702	Α	\$2.21	4,002	D	
Common Stock	11/11/2022		S ⁽¹⁾		2,702	D	\$60.03 ⁽²⁾	1,300	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(······, ······, ······, ······, ········														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$2.21	11/11/2022		M ⁽¹⁾			2,702	(3)	06/22/2027	Common Stock	2,702	\$0.00	15,305	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 \$60.00 to \$60.27, 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, Attorney-in-Fact

11/14/2022

** 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.