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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Carey John F						TransMedics Group, Inc. [TMDX]									ationship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specii		vner
(Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021									below) VP of Operations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Street) ANDOV (City)	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person								
Date				2. Transa Date	ransaction 2 e E		2A. Deemed Execution Date, if any		3. Transa Code (ction	4. Securiti	es Acquire Of (D) (Insti	d (A) or	5. Amour Securitie Beneficia		int of es ally	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial
						(Month/Day/Year)			8) Code	v	Amount	(A) or (D)	Price	Repoi		Following d tion(s) and 4)	(I) (In		Ownership (Instr. 4)
Common	Common Stock		10/01/	1/2021				M ⁽¹⁾		1,680	A	\$2.2	1	1,680			D		
Common	Common Stock		10/01/	01/2021				S ⁽¹⁾		700	D	\$31.7	6 ⁽²⁾	980		D			
Common	Stock			10/01/	2021				S ⁽¹⁾		980	D	\$32.7	4 ⁽³⁾	0			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. Deer Execution if any (Month/I	on Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly C	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	Amoun or Number of Shares						
Stock Option (Right to	\$2.21	10/01/2021			M ⁽¹⁾			1,680	(4)		06/22/2027	Common Stock	1,680		\$0.00	13,953	3	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 \$31.31 to \$32.30, 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 price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$32.37 to \$33.12, 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.
- 4. The option is fully vested.

Remarks:

By: /s/ Stephen Gordon, 10/05/2021 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.