FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>
	O.	CHANCE		DEILE IOIVE	CITILITIES

OMB APPROVAL							
OMB Number: 3235-0287							
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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* Hassanein Waleed H				2. Issuer Name <b>and</b> Ticker or Trading Symbol TransMedics Group, Inc. [TMDX]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)      (Check all applicable)							
			(Middle)		2. Data of English Transaction (Manth/Day/Voor)							_ X	O#:/	give title		10% Ov Other (s below)	·		
(Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/05/2021								President & CEO						
200 MINUTEMAN ROAD												0.1							
(Street)				4	If Amendment, Date of Original Filed (Month/Day/Year)							Line)	i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person						
ANDOV	ER M	[A	01810												Form file	ed by More than One Reporting			
(City)	(S	tate)	(Zip)		Person														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transacti Date Month/Day	Execution Date,		Transaction Disposed Of (D)		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									ode	,	Amount (		(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(IIIsti. 4)
Common Stock 01/				01/05/2	5/2021			M		123,414 A S		\$0.39	338,843			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 (Instr. 3)  3. Transaction Date (Month/Day/Year)  9. Frice of Derivative Security  3. Transaction Date (Month/Day/Year)  9. (Month/Day/Year)  9. (Month/Day/Year)		Code	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exer	cisable		xpiration ate	Title	l c	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to Buy)	\$0.39	01/05/2021		М		123,414			(1)	09	9/27/2021	Common Stock 123		123,414	\$0.00	0		D	

## Explanation of Responses:

1. The option is fully vested.

## Remarks:

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

\*\* Signature of Reporting Person Date

01/14/2021

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.