FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHA | NGES IN BENEFIC | IAL OWNERSHIP |
|------------------|-----------------|---------------|

| l | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| | hours per response: | 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

| Name and Address of Reporting Person* Carey John F | | | | | | | 2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX] | | | | | | | | | cable) or (give title | g Per | son(s) to Is: 10% O Other (| wner | |
|--|---|--|---|------------|---|--|--|-----------|--|-------|----------------------|---|--|--|--|---|---|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD | | | | | | | f Earli 020 | est Trans | saction (| Month | n/Day/Year) | | X | below) below) VP of Operations | | | | | | |
| (Street) ANDOV (City) | | | 01810 (Zip) | | _ 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indi Line) X | Form f | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | | on-Deriv | ative | e Sec | uriti | ies Ac | auirea | l. Di | sposed o | of. or Be | nefici | allv | Owned | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | ction | 2A. Exe | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | or 5. Amor and 5) Securiti Benefic Owned | | int of es ally Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s (Instr. 3 and 4 | | tion(s) | | | (Instr. 4) | |
| Common Stock 01/02, | | | | 01/02/ | 2020 | | | | M ⁽¹⁾ | | 2,000 | A | \$0 | 39 | 3, | 200 | D | | | |
| Common | Stock | | | 01/02/ | 2020 | | | | S ⁽¹⁾ | | 2,000 | D | \$18. | 95 ⁽²⁾ | 1, | 200 | D | | | |
| | | T | able II | | | | | | | | oosed of converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | on Date, | 4. Transa Code (8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Ye: | | te | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D S (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | mber | | | | | | |
| Stock Option (Right to | \$0.39 | 01/02/2020 | | | M ⁽¹⁾ | | | 2,000 | (3) | | 09/27/2021 | Common Stock | 2,00 | 0 | \$0.00 | 12,894 | 1 | 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 \$18.80 to \$19.12, 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.
- 3. The option is fully vested.

Remarks:

By: /s/ Stephen Gordon, 01/06/2020 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.