FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>TATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number: 3235-028									
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

1. Name and Address of Reporting Person* Gordon Stephen					2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [ TMDX ]							5. Relationship (Check all app Direc		licable) tor	•	10% Ov	vner		
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024								X	belov	er (give title v) Chief Fina		Other (s below) Officer	specify	
C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													X	X Form filed by One Reporting Person					
ANDOV	ER MA	<b>A</b> 0	1810												Form Perso		re tha	n One Repo	orting
(City)	(Sta	ate) (Z	Zip)		Rul	e 10	)b5-	1(c)	Tran	sac	tion Indi	catio	on						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	enefi	icially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 an			nd Securities Beneficially Owned Follow		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	Reported Transaction(s) (Instr. 3 and 4)						(Instr. 4)
Common	ommon Stock		03/08/2	2024						1,903	D	\$8	37.63	3 23,299			D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative rities nired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		derivative Securities	Owr Fori Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)				Title	Amour or Number of Shares	er							

## **Explanation of Responses:**

1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale was made to satisfy tax withholding obligations through a "sell to cover" transaction pursuant to the terms of the RSU award.

By: /s/ Stephen Gordon

03/12/2024

\*\* 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.