| SEC Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | Washington, D.C. 20549 | | OMB APPROVAL | |
|--|-------------------------------|--|--|---------------------------------------|--|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | • • • • • • • • • | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Perso <u>Gordon Stephen</u> | on* | 2. Issuer Name and Ticker or Trading Symbol <u>TransMedics Group, Inc.</u> [TMDX] | (Check all applicab Director X Officer (gi | 10% Owner ive title Other (specify | |
| (Last) (First) C/O TRANSMEDICS GROUP, IN | (Middle) <mark>NC</mark> . | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023 | below) | below) f Financial Officer | |
| 200 MINUTEMAN ROAD | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | nt/Group Filing (Check Applicable | |
| (Street) ANDOVER MA | 01810 | | | by More than One Reporting | |

| (City) | (State) |
|--------|---------|
| (Oity) | (Otate) |

(Zip)

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.

Person

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

Rule 10b5-1(c) Transaction Indication

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|-------------------|------------------------------------|-----------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 11/17/2023 | | G | | 5,714 | D | \$ <mark>0</mark> | 13,075 ⁽¹⁾ | 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 Exerc Expiration Da (Month/Day/Y | 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) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Includes 13,075 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.

11/21/2023

** Signature of Reporting Person Date

By: /s/ Stephen Gordon

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.