FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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 Se	ection 3	0(11) 0	ı ıne i	nvestr	nent C	ompany Act o	1940							
1. Name ar		2. Issuer Name and Ticker or Trading Symbol  TransMedics Group, Inc. [ TMDX ]								5. Relationship of Reportin (Check all applicable)  Director			ng Perso	n(s) to Is					
(Last)		First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/08/2024								V		er (give title		Other (s below)	
C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)					
(Street) ANDOVER MA 01810					Form filed by More than One Reporting Person														
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication															
(Oity) (Clate) (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.														
		Table	1 - N	lon-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed o	f, or E	Benefi	cially	Own	ed			
Date				2. Transactio Date (Month/Day/Y	Execution D			е,	3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Inst				5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Transa	ted action(s) 3 and 4)			(Instr. 4)
Common Stock				08/08/202	08/08/2024						12,664	D	\$158	.96(1)	180,482		I		By the James R. Tobin 2012 Trust
Common Stock 08				08/08/202	8/08/2024				S		7,336	D	\$159	.96(2)	173,146		I		By the James R. Tobin 2012 Trust
Common Stock															1,925				
		Та	ble I	l - Derivati (e.g., pu							posed of, convertib			-	Owne	d			
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion Security (Instr. 3)  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)		Exec if an	Deemed 4. cution Date, ry Coc nth/Day/Year) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expiration (Month/Day		/Year)			nt		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Numbe of Shares						

## **Explanation of Responses:**

- 1. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$158.75 to \$159.74, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer 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
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$159.77 to \$160.31, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer 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.

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

08/09/2024

\*\* Signature of Reporting Person

Date

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.