FORM 4	4
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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)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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0.5

hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

		Table I - Non-	Derivative Securities Acquired, Disposed of, or Ben	eficially Owned				
(City)	(State)	(Zip)						
(Street) ANDOVER	VER MA 01810		4. If Amendment, Date of Original Filed (Month/Day/Year)	 Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
200 MINUTEN		r, IINC.	05/00/2015					
(Last) C/O TRANSM	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/06/2019	Officer (give title below)	Other (specify below)			
1. Name and Address of Reporting Person* Gunderson Thomas James			2. Issuer Name and Ticker or Trading Symbol <u>TransMedics Group, Inc.</u> [TMDX]	5. Relationship of Reporting Per (Check all applicable) X Director	10% Owner			
			or Section 30(n) of the investment Company Act of 1940					

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	(D) or Indirect	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, 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)				6. Date Exercisable and Expiration Date (Month/Day/Year)		e and of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option (Right to Buy)	\$0.63	05/06/2019		J ⁽¹⁾			67,500 ⁽¹⁾	(2)	08/01/2026	Common Stock	19,285	(1)	0	D	
Stock Option (Right to Buy)	\$2.21	05/06/2019		J ⁽¹⁾		19,285 ⁽¹⁾		(2)	08/01/2026	Common Stock	19,285	(1)	19,285	D	

Explanation of Responses:

The Stock Options reported herein as being disposed of are options to purchase common stock of TransMedics, Inc. Immediately prior to the closing of the Issuer's initial public offering, pursuant to the terms of the Agreement and Plan of Merger and Reorganization, by and among the Issuer, TransMedics, Inc. and TMDX, Inc., dated as of April 15, 2019 (the "Merger Agreement"), each outstanding option to purchase shares of common stock of TransMedics, Inc. state as of the Issuer's initial public offering, pursuant to the terms of the Agreement and Plan of Merger and Reorganization, by and among the Issuer, TransMedics, Inc. and TMDX, Inc., dated as of April 15, 2019 (the "Merger Agreement"), each outstanding option to purchase shares of common stock of the Issuer adjusted on a 3.5-for-one basis, with a corresponding adjustment to the exercise price. 2. The option will become exercisable as to 2.778% of the original number of shares at the end of each successive one-month period following the vesting commencement date, August 1, 2016, until the option is fully vested on the third anniversary of the vesting commencement date.

Remarks:

By: /s/ Stephen Gordon,

Attorney-in-Fact

05/06/2019

** 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.