FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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).

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

	. ,				or	Section	30(h)	of the	Ínve	stment	t Coi	mpany Act	of 1940							
1. Name and Address of Reporting Lesson						2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 1040 SPRING STREET				e)		3. Date of Earliest Transaction (Month/Day/Year) 12/09/2019									Offic belov	er (give w)	e title		Other (below)	specify
(Street) SILVER SPRING (City)	SILVER MD 20910 SPRING			0	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
		Tabl	e I -	Non-Deriv	vative	Sec	uritie	es Ac	caui	red. I	Dis	posed o	f. or I	Benefici	ally Owne	ed				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Y	action 2A Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3.		4. Securities Acc Disposed Of (D) 5)		cquired (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								ď	Code	v	Am	ount	(A) or (D)	Price	Transaction (Instr. 3 and				,	
Common Stock				12/09/2019					S		50	00,000	D \$18.75		2,053,240		I	I By I Biot PBC		chnology
		Та	ble	II - Derivat (e.g., p						•		osed of, onvertib			•					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exed if an	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisab		Expiration Date	Title	Amount or Number of Shares						
1. Name an	d Address of	Reporting Person*																		

1. Name and Address of Reporting Person* <u>UNITED THERAPEUTICS Corp</u>								
(Last)	(First)	(Middle)						
1040 SPRING STR	EET							
(Street)								
SILVER SPRING	MD	20910						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Lung Biotechnology PBC</u>								
(Last)	(First)	(Middle)						
1040 SPRING STREET								
(Street)								
SILVER SPRING	MD	20910						
(City)	(State)	(Zip)						

Explanation of Responses:

1. The securities reported as being indirectly beneficially owned by United Therapeutics Corporation are directly beneficially owned by Lung Biotechnology PBC. Lung Biotechnology PBC is a wholly-owned subsidiary of United Therapeutics Corporation.

<u>Assistant Secretary, United</u> <u>Therapeutics Corporation</u>

By: /s/ John S. Hess, Jr.,

Executive Vice President,

Deputy General Counsel and Assistant Secretary, Lung

12/10/2019

Assistant Secretary, Lung Biotechnology PBC

** 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.