FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	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 Section 30(h) of the Investment Company Act of 1940

l	nd Address of		2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																		
Gordon Stephen							Transivicaies Group, me. [TMDA]									Director			10% O	vner	
							3. Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below)			Other (below)	specify	
(Last)	`	,	(Middle)		10/	10/02/2023										C	hief Fina	ncial	Officer		
C/O TRA	ANSMEDIC	CS GROUP, INC	\vdash																		
200 MIN	IUTEMAN	4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)										
(Ctroot)															2	X Form filed by One Reporting Person					
(Street) ANDOVER MA 01810						Form filed by More than One Reporting Person															
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication														
							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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
					ľ	Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 10/02/							/2023			M ⁽¹⁾		5,000) A		\$16.14	4 23	3,789		D		
Common Stock 10/02/										S ⁽¹⁾		5,000) D		\$54.22	2 18,	789 ⁽²⁾		D		
		Т	able II -									osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ed Date,	4. Transa	ansaction ode (Instr.		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		able and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da: Ex	ite ercisable		xpiration ate	Title	or Nu of	umber						
Stock Option (Right to Buy)	\$16.14	10/02/2023			M ⁽¹⁾			5,000		(3)	0	2/27/2030	Common Stock	5	,000	\$0.00	5,728		D		

Explanation of Responses:

- 1. The reported transactions were effected pursuant to a Rule 10b5-1 trading plan entered into on December 16, 2022.
- 2. Includes 13,075 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 3. The option vests at a rate of 2.0833% of the total number of shares each month until the option is fully vested on February 27, 2024.

By: /s/ Stephen Gordon

10/04/2023

** 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.