FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	ES IN BENEF	FICIAL OW	<b>NERSHIP</b>

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	U																		
Name and Address of Reporting Person*     MATLIN DAVID J				2. Issuer Name <b>and</b> Ticker or Trading Symbol TriSalus Life Sciences, Inc. [ TLSI ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner							
				3. Da	Date of Earliest Transaction (Month/Day/Year)								-	Office	er (give title		Other (	·		
(Last) (First) (Middle) 6272 W 91ST AVENUE				01/02/2025									belov	v)		below)				
					4. If A									6. Inc	i. Individual or Joint/Group Filing (Check Applicable ine)					
(Street) WESTM	INSTER C	0 8	30031											V	Form	filed by On		•		
(City) (State) (Zip)						Person														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)			, 4 and Secu Bene Own		rities Fo ficially (D ed Following (I)		vnership n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership						
						Code	v	Amount (A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common Stock 01/02/2					2025				A		10,040(1	) .	A	\$ <mark>0</mark>	94	1,944		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)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				sansaction 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 (Inst 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
		Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber									

## **Explanation of Responses:**

1. Represents grant of Restricted Stock Units (the "RSU Award") payable solely in common stock of the Issuer. The Reporting Person elected to receive the RSU Award in lieu of the 2025 cash Annual Board Service Retainer provided for under the Issuer's Non-Employee Director Compensation Policy. The shares subject to the RSU Award shall vest in equal quarterly installments on each of March 31, June 30, September 30 and December 31, 2025, subject to the Reporting Person's continued service with the Issuer.

/s/ Sean Murphy, Attorney-in-01/06/2025

**Fact** 

\*\* 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.