FORM 4

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
-------------	------	-------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

					UI	Jecui	011 30(11) (	JI IIIE	invesimen		iipaiiy Act	01 1340								
Name and Address of Reporting Person*     Singhal Anil K.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>TriSalus Life Sciences, Inc.</u> [ TLSI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023								X		(give title		Other (s below)		
6272 W. 91ST AVENUE												Line)	Individual or Joint/Group Filing (Check Applicable ne)							
(Street) WESTMINSTER CO 80031														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(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										i to					
		Tak	ole I - Noi	n-Deriv	ativ				quired,											
Date Date Date Date Date Date Date Date			Date	e E onth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		Code (I	Transaction Disposed O Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 i			5. Amour Securitie Beneficia Owned F	es ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pri	се	Reported Transaction(s) (Instr. 3 and 4)					
		•	Table II -						uired, D						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)	Date, T	ransaction code (Instr.		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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ow For Dir or I (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numl of Share	oer						
Stock Option	\$11.3 <i>4</i>	08/10/2023			Δ		35,000		(1)		18/09/2033	Commor	35.0	00	00.02	35.00	0	D		

## **Explanation of Responses:**

\$11.34

1. The shares subject to this stock option vest in three equal annual installments from the vesting commencement date of August 10, 2023, subject to the Reporting Person's continued service with the Issuer on

## Remarks:

(right to buy)

> /s/ Sean Murphy, Attorney-in-Fact for Anil Singhal

35,000

\$0.00

08/09/2033

08/14/2023

35,000

D

\*\* 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).

08/10/2023

\*\* 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.

35,000