FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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

Name and Address of Reporting Person* Stevens Jennifer						2. Issuer Name and Ticker or Trading Symbol TriSalus Life Sciences, Inc. [TLSI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify						
(Last) 6272 W.	(FI 91ST AVE	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2024								X Officer (give title Officer (specify below) below) CHIEF REGULATORY OFFICER						
(Street) WESTMINSTER CO 80031					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
				- _									Form filed by More than One Reporting Person							
(City) (State) (Zip)					R	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.														
		Tab	le I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quired,	Dis	osed o	f, or Be	nefici	illy Ow	ned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					Execution Date			Transaction Dispose Code (Instr. 5)		Disposed	ties Acquii d Of (D) (In:	and Securitie Benefici Owned F		es ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) (D)	Pric	Tra	Reported Transaction(s) (Instr. 3 and 4)				.msu. 4)	
Common Stock 02/1				2/202	2/2024		A		14,752 ⁽¹⁾ A		. \$	0	32,783		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriva Secur	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration Pate	Title	Amour or Number of Shares							
Employee Stock Option (right to	\$9.5	02/12/2024			A		63,750		(2)	0	2/11/2034	Common Stock	63,75	0 \$0)	63,750)	D		

Explanation of Responses:

- 1. Represents grant of restricted stock units (the "RSU Award") payable solely in common stock of the Issuer. The shares subject to the RSU Award vest in four equal annual installments commencing on February 12, 2024, subject to the Reporting Person's continued service with the Issuer on each respective vesting date.
- 2. One-fourth (1/4th) of the shares subject to the option shall vest on the one-year anniversary of the vesting commencement date of February 12, 2024, and 1/36th of the remaining shares shall vest each month thereafter, subject to the Reporting Person's continued service with the Issuer on each respective vesting date.

/s/ Sean Murphy, Attorney-in-

Fact

** Signature of Reporting Person

Date

02/14/2024

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.