FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person* Marshak Richard					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 10% Owner						
(Last) 6272 W.	(F 91ST AVE	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2024								X	below)	fficer (give title elow) VP, CORP. D		Other (s below)	, ,
(Street) WESTMINSTER CO 80031				4.1	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)							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	n-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	osed o	f, or Be	nefi	icially	Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					Execution Date,			Code (I	Transaction Code (Instr. 5) Disposed Of (D) (Instr. 3, 4)			4 and Securitie Benefici Owned		es Fo ally (D Following (I)	Form (D) or		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/12/					2/202	4			A		14,752	2 ⁽¹⁾ A		\$ <mark>0</mark>	27,251			D	
		•	Table II -						uired, D s, option						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 I if any (Month/Day	Date,	4. Transa Code (l 8)		of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		expiration Pate	Title	or Nui of	mber ares					
Employee Stock Option (right to buy)	\$9.5	02/12/2024			A		63,750		(2)	O	2/11/2034	Common Stock	63	,750	\$0	63,750)	D	

- 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

02/14/2024 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.