FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL												
OMB Number:	3235-0287											
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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-

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Check this box to indicate that a transaction was made pursuant to a

1(c). See	Instruction 10.			
1. Name and Wahlstro	Address of Reporting m Mats	Person*	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. 91	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/17/2024	Officer (give title Other (specify below) below)
(Street) WESTMIN	NSTER CO	80031	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)		
		-		er

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	Security (Instr. 3) 2. Transaction Date Code (Instr. 3) 2. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Dispose 5)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code V		Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	12/17/2024		A		25,188(1)	A	\$3.97	40,915	D		
Common Stock								1,254,259	I	By Leonard Capital LLC ⁽²⁾	
Common Stock								1,370,028	I	By HW Investment Partners, LLC ⁽³⁾	

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of 2. 3. Transaction Darivative Conversion Date Execution D Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

- 1. The shares were issued in connection with the closing of the transaction contemplated by the Securities Purchase Agreement, entered into December 12, 2024, by and between the Issuer and Reporting Person
- 2. The Reporting Person shares voting and investment discretion with his spouse with respect to the shares held directly by Leonard Capital LLC.
- 3. The Reporting Person is a managing member of HW Investment Partners, LLC ("HW Investment") and shares voting and investment discretion with respect to the shares held directly by HW Investment. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

/s/ Sean Murphy, Attorney-in-**Fact**

12/1<u>9/2024</u>

** 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.