SEC	Form 4	
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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

OMB APPROVAL

Estimated average burden

3235-0287

0.5

OMB Number:

17,500

\$<mark>0</mark>

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hours per response:

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

				01 360		vestinei	it Con	ipany Act of 19	-0							
1. Name and Address of Reporting Person [*] Devlin Jodi					2. Issuer Name and Ticker or Trading Symbol <u>TriSalus Life Sciences</u> , <u>Inc.</u> [TLSI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 6272 W. 91ST A	(First) VE.	(Middle)		3. Date 02/12/	of Earliest Transac 2024	tion (Mo	onth/D	ay/Year)		X PRI	Officer (give title below) ESIDENT, COMN	below				
(Street)					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					
WESTMINSTER CO 80031											Form filed by Mor Person					
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication												
				Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction							instruction or written p	lan that is intended	I to satisfy			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			2. Transa Date (Month/D	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (I			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		,			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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17,500(1)

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1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 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	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		Transaction(s) (Instr. 4)		
Employee Stock Option (right to buy)	\$ 9.5	02/12/2024		A		105,000		(2)	02/11/2034	Common Stock	105,000	\$0	105,000	D	

Explanation of Responses:

Common Stock

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 02/14/2024

** 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).

02/12/2024

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.