UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 4

ashington. D.C. 20549

| | | WuSh | ington, D.C. z | 0040 | | | OMB APPRO | VAL |
|--|--|--|---|---|---------------------------------|---|---|---|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed purs | suant to Section 16 | (a) of the Secu | ENEFICIAL OWNE urities Exchange Act of 1934 Company Act of 1940 | ERSHIP | Estima | Number: Ited average burd per response: | 3235-0287 en 0.5 |
| 1. Name and Address of Reporting Person* ROCHE KEVIN H (Last) (First) (Middle) 1331 TYLER STREET NE, SUITE 200 | <u> </u> | ssuer Name and Tr ACTILE SYS IC [TCMD] Date of Earliest Tran /08/2017 | TEMS TI | ECHNOLOGY | (Check all ap X Dire Offi | | g Person(s) to Is 10% C Other below) | Owner (specify |
| (Street) MINNEAPOLIS MN 55413 (City) (State) (Zip) | 4. 1 | f Amendment, Date | e of Original Fi | led (Month/Day/Year) | Line) X For For | rm filed by One | Filing (Check A Reporting Pers e than One Rep | son |
| Table I - N | Ion-Derivative | e Securities A | cquired, D | isposed of, or Benefi | cially Owr | ned | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | d 5) Secu Bend Own | mount of curities neficially ned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |

| | | (Month/Day/rear) | 8) | | | | | Reported | (I) (Instr. 4) | (Instr. 4) | | | |
|---|------------|------------------|------|---|--------|---------------|----------------------------------|------------------------------------|----------------|------------|--|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | | |
| Common Stock | 12/08/2017 | | S | | 14,600 | D | \$ 27.4852 ⁽¹⁾ | 111,784 | 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/N | 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. Reflects the weighted average price of 14,600 shares of common stock of Tactile Systems Technology, Inc. sold by the reporting person in multiple transactions on December 8, 2017 with sale prices ranging from \$27.45 to \$27.56 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

| <u>/s/ Jonathan R. Zimmerman,</u> | 12 |
|-----------------------------------|----|
| <u>Attorney-in-Fact</u> | 12 |

2/12/2017

** 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.