FORM 4

## 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								

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

Name and Address of Reporting Person*     Rishe Bryan							2. Issuer Name and Ticker or Trading Symbol TACTILE SYSTEMS TECHNOLOGY INC [ TCMD ]									nship of Reporting applicable) wirector officer (give title	10	to Issuer % Owner her (specify	
(Last) (First) (Middle) 1331 TYLER STREET NE, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2018										X	elow) SVI		low) `	
(Street)  MINNEAPOLIS MN 55413  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> F				
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or E	3ene	eficia	lly Ov	vned			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Da						Execution Da			Code (Instr.						d Se Be	Amount of curities neficially vned Following ported	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect Beneficial Ownership	of Indirect Beneficial Ownership
						Code	v	Amount	(A)	or	Price	Tr	ansaction(s) str. 3 and 4)		(Instr. 4)	(1130.1.4)			
Common Stock 11/15/							2018		S <sup>(1)</sup>		3,000		D \$56.66		66	67,328	D		
		Та	ble II - D								sed of, onvertib				/ Own	ed			
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, T	Transaction Code (Instr.				6. Date E Expiratio (Month/D	n Date	9	Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price Derivati Security (Instr. 5		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip of Indirect Beneficial Ownership ect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Exercisal		Date	Title	Sha	res							

## **Explanation of Responses:**

 $1. \ Sales \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ May \ 11, \ 2018.$ 

/s/ Jonathan R. Zimmerman, Attorney-in-Fact

11/19/2018

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.