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

1. Name and Address of Reporting Person* SHROFF ZUBEEN (Last) (First) (Middle)				TA IN	Issuer Name and Ticker or Trading Symbol TACTILE SYSTEMS TECHNOLOGY INC [TCMD] Date of Earliest Transaction (Month/Day/Year)								(Che	eck all app X Direct Offic	ationship of Repor (all applicable) Director Officer (give titl below)		10%	6 Owner er (specify	
1331 TYLER STREET NE, SUITE 200					09/30/2016														
(Street) MINNEAPOLIS MN 55413				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	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)	(St		Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ction	ion 2A. Deemed Execution Date,						f, or Beneficians Acquired (A) or of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transacti (Instr. 3 a	on(s)			,,
Common Stock			09/30/2016					A		330(1)	A	\$0)	5,3	30	D			
Common Stock													4,743,633		3,633	I		See footnote ⁽²⁾⁽³⁾	
Common Stock												62,055				See footnote ⁽⁴⁾			
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)					saction of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		Di Si (II	erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. On September 30, 2016, the reporting person was granted 330 restricted stock units ("RSUs") in lieu of cash compensation of \$6,182.00 pursuant to Tactile System's Technology, Inc.'s Non-Employee Director Compensation Policy. The RSUs are 100% immediately vested and may only be settled in shares of common stock on a one-for-one basis.
- 2. Includes 4,370,430 shares held of record by Galen Partners V, L.P. ("Galen V"), and 373,203 shares held of record by Galen Partners International V, L.P. ("Galen International V").
- 3. Galen Partners V, L.L.C. serves as the sole general partner of Galen V and Galen International V and has sole voting and investment control over the shares held by such funds and may be deemed to beneficially own the shares held by such funds. Each of the Reporting Person disclaims beneficial ownership of the shares reported herein, except to the extent of its respective pecuniary interest therein.
- 4. The shares are held of record by Galen Management, LLC ("Galen Management").

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

10/03/2016

** 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.