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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | | |

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* Folkes Robert J. | | | | | | | TACTILE SYSTEMS TECHNOLOGY INC [TCMD] | | | | | | | | tionship of Reportin all applicable) Director Officer (give title | | 10% Ov | vner | |
|--|---|---|--|-------------------------------------|------------------|---|--|------------------------|------------------|--|--|---|--|---|---|-----------------------------------|--|--|--|
| (Last) 1331 TY | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2019 | | | | | | | | | | below) Chief Oper | | below) Officer | | | | | |
| (Street) MINNEAPOLIS MN 55413 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Perso | on | | | | |
| | | Tab | le I - No | | | _ | | | | , Dis | _ | | | Ily Owne | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dis | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5) | | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | /2019 | | | M ⁽¹⁾ | | 2,500 | 2,500 A | | 96 11 | 111,654 | | D | | | | | |
| Common | 03/12 | /2019 | | S ⁽²⁾ | | 2,500 D | | \$70. | 36 10 | 6 109,154 | | D | | | | | | | |
| Common Stock 03/14/ | | | | | | 2019 | | | M ⁽¹⁾ | | 2,500 | 0 A | \$0.9 | 96 11 | 1,654 | | D | | |
| Common Stock 03/14/ | | | | | | | 2019 | | S ⁽²⁾ | | 2,500 | 0 D | \$61. | 72 10 | 109,154 | | D | | |
| | | 7 | | | | | | | | | | , or Ben ble secu | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | Date, Transa Code (I | | | of Deri Sec Acq (A) o Disp of (I | osed D) tr. 3, 4 | Expiratio | Date Exercisa xpiration Date Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |
| Employee Stock Option (right to buy) | \$0.96 | 03/12/2019 | | | M ⁽¹⁾ | | | 2,500 | (3) | 1 | .0/13/2023 | Common Stock | 2,500 | \$0 | 17,50 | 0 | D | | |
| Employee Stock Option | \$0.96 | 03/14/2019 | | | M ⁽¹⁾ | | | 2,500 | (3) | 1 | .0/13/2023 | Common Stock | 2,500 | \$0 | 15,000 | 0 | D | | |

Explanation of Responses:

- 1. Stock option exercise effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 9, 2018.
- 2. Sales effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 9, 2018.
- 3. Fully vested.

/s/ Jonathan R. Zimmerman,

03/14/2019

Attorney-in-Fact

** Signature of Reporting Person

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.