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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

| to Section | box if no longer subjec 16. Form 4 or Form 5 | t STATEM | ENT OF CHANGES IN BENEFICIAL OWN | NERSHIP | Estimated average burder | |
|--------------------------------|---|-------------------|--|---|--|-----|
| Instruction | may continue. See 1(b). | F | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | 4 | hours per response: | 0.5 |
| REUVER | Address of Reporting <u>S DANIEL L.</u> (First) ZATA BLVD. | | 2. Issuer Name and Ticker or Trading Symbol <u>TACTILE SYSTEMS TECHNOLOGY</u> <u>INC</u> [TCMD] 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2022 | (Check all applicate X Director X Officer (gi below) | 10% Ow | ner |
| (Street) MINNEAP((City) | OLIS MN (State) | 55416 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed | nt/Group Filing (Check Ap I by One Reporting Perso I by More than One Repo | n |
| | | Table I - Non-Der | ivative Securities Acquired, Disposed of, or Bene | eficially Owned | | |
| | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 4. Securities Disposed Of 5) | | | 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) | | (11150.4) |
| Common Stock | 08/08/2022 | | S | | 1,020(1) | D | \$9.1801 | 74,707 | D | |

| | | Tal | ble II - Derivat (e.g., pı | | | | | iired, Disp options, d | | | | | d | | |
|---|---|--|---|------------------------------|---|---|---------------------------|--|--------------------|-------|---|---|--|--|---------------------------------------|
| 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) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/\ | ate | Deriv | unt of rities rlying ative rity (Instr. | 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) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The shares were sold to cover taxes associated with the settlement of stock units.

| <u>/s/ Jonathan Zimmerman,</u> | | | |
|--------------------------------|-------|---------|--------------|
| | /s/ J | onathar | ı Zimmerman, |
| <u>Attorney-in-Fact</u> | Atte | rnov in | Eact |

08/10/2022

** 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.