FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* BURKE WILLIAM W | | | | | | 2. Issuer Name and Ticker or Trading Symbol TACTILE SYSTEMS TECHNOLOGY INC [TCMD] | | | | | | | | | all app | onship of Reportin all applicable) Director | | 10% Ov | vner |
|---|--|---------|---|-------------|---|---|------------------------------|---|---------------------|--|--|--|------------------------------------|--|---|---|--------------------------------------|---|------------|
| (Last) 3701 WA | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2024 | | | | | | | | | Officer (give title below) | | Other (below) | | specity |
| SUITE 3 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | | | | |
| (Street) MINNEAPOLIS MN 55416 | | | | | | | | | | | | | Λ | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | Check | this bo | x to ind | icate that | t a trar | tion Indi | nade pu | rsuant t | | | ruction or writ | ten pla | an that is inte | nded to |
| | | Table | I - No | n-Deriva | | | | | | | posed of | | | | | ed | | | |
| Date | | | 2. Transact Date (Month/Day | Execution I | | | Date, | 3. Transaction Code (Instr. 8) | | Disposed O | 1. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | 4 and Se Be Ow | | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pr | ice | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common | on Stock 05/08/2 | | | | 024 | | | S | | 2,500(1) | 00 ⁽¹⁾ D | | 14.06 | 5 25,273 | | D | | | |
| Common | Common Stock 05/08/2 | | | | :024 | | | | A | | 10,469(2) | A | | \$ <mark>0</mark> | 35,742 | | D | | |
| | | | ble II - | | | | warra | ants, | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Expirat (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficia Ownershi (Instr. 4) | | |
| | | | | | Code V | | (A) (D) | | Date Exercisable | | Expiration Date | Title | Amou or Numb of Shares | er | | | | | |

Explanation of Responses:

- 1. Adoption date of referenced 10b5-1(c) plan is: 06-13-2023
- 2. The restricted stock units will vest in full on the earlier of one year from the grant date or the date of the next year's annual meeting of the stockholders.

/s/ Jonathan Zimmerman, 05/10/2024 Attorney-in-Fact

** 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.