FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT	OF	CHANGES	IN E	BENEFIC	CIAL	OWNE	RSHIP

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* Heine Lisa Wipperman						2. Issuer Name <b>and</b> Ticker or Trading Symbol SURMODICS INC [ SRDX ]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
11011161	<u> </u>	<u>Millall</u>											_	X Directo	or		10% Ov	vner		
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024									Officer below)	(give title		Other (s below)	specify	
9924 WEST 74TH STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person				n	
l ` ′	RAIRIE M	N :	55344													Form Perso		re thar	n One Repo	rting
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans: Date (Month/I					ay/Year) Executio		emed tion Date, n/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) o			Benefici Owned	es Fo ally (D) Following (I)		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										ode V	,	Amount	(A	(A) or (D) Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02/08				8/2024					A		1,803 A		A	\$ <mark>0</mark>	<b>\$</b> 0 13,453			D		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Transaction Code (Instr. )		n of		6. Date Exercisa Expiration Date (Month/Day/Year		ate	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		opiration	Title	0 N 0	Amount or lumber of Shares					
Stock Option (right to	\$31.89	02/08/2024			Α		3,853		(.	(2)	02	2/08/2031	Comm Stock		3,853	\$0	3,853		D	

## **Explanation of Responses:**

- 1. The amount beneficially owned includes 10,103 restricted stock units (RSUs) that vest on service-based vesting dates that will be settled in shares of the issuer's common stock on a 1 for 1 basis when the reporting person's service as a director ends.
- 2. The stock options vest ratably on a monthly basis and become fully vested on February 8, 2025, the 12-month anniversary of the grant date.

/s/ John Manders, on behalf of Lisa Wipperman Heine

02/12/2024

\*\* 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.