FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB APPF | OMB APPROVAL | | | | | | | | | |
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| 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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* OLSON CHARLES W | | | | 2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | wner | | |
|--|---|-------------------------------------|------|--|--|------------------|-----|---|--|--------------------|---|---|--|---|---|--|------|--|-------------------------------------|
| (Last) (First) (Middle) 9924 WEST 74TH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2024 | | | | | | | | Officer (give title below) SVP, Medical Device Coatings | | | | | | | |
| (Street) EDEN PRAIRIE MN 55344 | | | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) | -7 | | | | | | |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | tion 2A. Deemed Execution Date, | | | uired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | |) or | 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) c (D) | Fi | ice | Transa (Instr. 3 | ction(s) 3 and 4) | | | (111341. 4) |
| Common | Stock | | | 11/30/2 | 2024 | | F | | 1,534 | D \$39.4 | | 39.45 | - , - , | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | 800 | | I | By IRA |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Exec (Month/Day/Year) if an | | | | iction Instr. | | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te Amo Secri Und Deri Secri | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) |
| | | | Coo | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

/s/ John Manders on behalf of Charles W. Olson

12/03/2024

** 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.