FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							

0.5

hours per response:

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 10b5-4(x). See health stiffs.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 00	ee instruction i	· .																		
Name and Address of Reporting Person* Arong Time that I					2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Arens Timothy J.				1										Direc	tor		10% O\	vner		
															Office below	er (give title		Other (s	specify	
(Last)		3. Date of Earliest Transaction (Month/Day/Year)								-		,		, ,						
9924 WEST 74TH STREET					12/0	12/04/2024									Chief Financial Officer					
7721 WEST / THI STREET																				
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
EDEN							,		Ü		`	,	,	Line	,			•	·	
PRAIRIE	_a Mi	N 5	5344											K	// Form	filed by On	e Rep	orting Pers	on	
	_														Form filed by More than One Reporting					
				-											Perso	on				
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	r. 3)		2. Transac	tion											7. Nature				
	• •	,		Date (Month/Da	v/Voar)	Execution Date,			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 and	Securit Benefic				of Indirect Beneficial			
(MORITI/Da					(Month/Day/Year)			Code (Instr. 5)				Owned	Following (i) ((Instr. 4)	Ownership				
								0.4.	l.,	A		or Price			Reported Transaction(s)			(Instr. 4)		
		Code	٧	Amount				(D)	'	rice		(Instr. 3 and 4)								
Common Stock 12/04/2					2024				F		1,265	D	D \$39		67,299			D		
		Tal	- וו פור	Derivati	vo Se	Curit	lios /	Δεαιι	ired [Dien	osed of,	or Re	nof	icially	, Owner	۷	-	'		
		141									onvertib				Owne	u				
1. Title of	2.	3. Transaction	3A. Dec	emed	4.		5. Nu	ımber	6. Date	Exerc	isable and	7. Title	e and	8	. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execut if any	ion Date,	Transa				Expirat			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)					Code (Instr. 8)		e (Instr. Derivative Securities Acquired (A) or		(Month/Day/Year) Securities Underlying					Instr. 5)) Beneficially Owned Following Reported		Direct (D) Ov	Ownership		
									Derivative Security (In			netr		(Instr. 4)						
						Disposed			3 and 4)				1511.				(1) (111501. 4)			
									of (D) (Instr. 3, 4							Transaction(s) (Instr. 4)				
						and 5)									(
								П					Amo	ount						
													or							
									Date		Expiration		Num of							
					Code	de V (A) (D)		Exercisable Dat		Date	Title Shar		res							

Explanation of Responses:

/s/ John Manders on behalf of Timothy J. Arens

12/06/2024

** 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.