

Information Sheet

Please list your purchase and sale transaction(s) in TransMedics Group, Inc. (NASDAQ: TMDX) securities between May 1, 2024 and December 2, 2024, in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

Address Telephone Number Current Employer			Last Name City, State, Zip Email Address (non-work - please print clearly) Signature								
						PURCHASES			SALES		
						Buy Date	# Shares	Price per Share	Sell Date	# Shares	Price per Share
		od transactions and/or lece of paper if necess	transactions in relate ary.	ed securities (options, bonds, or						
Are you a current	or former em	ployee TransMedics	s Did you purch	ase shares of	TransMedics						
Group, Inc.? Yes / No (Circle)			Group, Inc. prior to the Class Period? Yes / No (Circle)								
LLP or you to file a lead Meltzer & Check, LLP, Check, LLP will contact authorizing us to contact	d plaintiff motion in its sole discreti et you to discuss the t you by email, ph	in this matter. Any information, believes that you might the matter and whether to estone or by other means regard	ship, nor an obligation on the tion you submit will be mai be an appropriate lead plain tablish an attorney client re ding this case. You are also t you, and please do not hesi	ntained as confidentiff candidate, Kellationship. By sigo authorizing and	ential. If Kessler Topaz essler Topaz Meltzer & gning this form you are requesting us to contact						
		-	please indicate that by								