FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* SIEGAL JONATHAN | | | | | | 2. Issuer Name and Ticker or Trading Symbol Vericel Corp [VCEL] | | | | | | | | | eck all app Direc | tor | ng Per | 10% Ov | vner |
|--|---|--|--------|---------------------------------|---|---|---|--|---------------------------------------|---|--------------|--|-----------|--|--|---|---|--|---|
| (Last) 64 SIDN | (Last) (First) (Middle) 64 SIDNEY STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2024 | | | | | | | | | Officer (give title below) Other (specific below) Principal Accounting Officer | | | | ` | |
| (Street) CAMBRIDGE MA 02139 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (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-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ction | ion 2A. Deemed Execution Date | | | 3. 4. Section Dispose Code (Instr. 5) | | 4. Securitie | of, or Beneficities Acquired (A) and Of (D) (Instr. 3, | | (A) or | 5. Amo Securi Benefi | ount of ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock 07/05/2 | | | | | 2024 | | | | Code | v | Amount 545 | (A) (D) | or (1) | Price \$45 | Transa (Instr. | Transaction(s) (Instr. 3 and 4) | | D | (IIISU. 4) |
| 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) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rities lired r osed) c. 3, 4 | Expirati | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ; [; (| 8. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Expiration | | Expiration Date | Title | or Nun of | nber | | | | | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected by an automatic sale pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 13, 2024.
- 2. These shares include shares acquired pursuant to the Issuer's 2015 Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c).

/s/ Sean Flynn, as Attorney-in-07/09/2024 Fact for Jonathan Siegal

** 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.