SEC Form 4 FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
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 OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940									SHIP	Estim	OMB Number: 3235- Estimated average burden hours per response:					
	nd Address of r Jonatha	f Reporting Person [*] 1 <u>Mark</u>			2. Issuer Name and Ticker or Trading Symbol <u>Vericel Corp</u> [VCEL]									5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% (Owner	
(Last) (First) 64 SIDNEY STREET			(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024								X Officer (give title Other (specify below) below) Chief Medical Officer				specify	
(Street) CAMBRIDGE MA			02139		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X 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.														
		Tat	ole I - Nor	n-Deriv	vative Se	curities Ac	qui	ired, I	Dis	posed	of, o	r Bene	ficial	y Owned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) or	vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V		Amoun	t (A) or (D) Pr		Price	Transaction(s) (Instr. 3 and 4)				(1150. 4)	
						urities Acq s, warrants								Owned			*		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		Date,	ransaction of E		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			of S Une Der	Title and A Securities derlying rivative S str. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Owners (Instr. 4)	

1. These options shall begin vesting on February 22, 2024 and shall continue to vest and become exercisable in equal quarterly installments over the course of the following four (4) year period.

12,000

(A)

30,000

v

Code

A

A

2. Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of common stock of Vericel Corporation.

3. These RSUs vest in four annual installments with the initial vesting of RSUs granted to the Reporting Person on February 22, 2025. The remaining RSUs will vest in annual installments on February 22, 2026, February 22, 2027, and February 22, 2028, respectively.

Date Exercisable

(1)

(3)

(D)

Expiration Date

02/22/2034

(4)

Title

Common Stock

Commo Stock

4. No expiration date for this type of award.

\$48.31

(2)

Explanation of Responses:

Stock Option (Right to Buy)

Restricted Stock Unit

/s/ Sean Flynn, as Attorney-in-02/26/2024

30,000

12,000

D

D

Fact for Jonathan Hopper

Amount or Number of Shares

30,000

12,000

\$<mark>0</mark>

\$<mark>0</mark>

** 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).

02/22/2024

02/22/2024

** 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.