FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES II | N BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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| 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).

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

| (Last) | Name and Address of Reporting Person* Iopper Jonathan Mark ast) (First) (Middle) O VERICEL CORPORATION 4 SIDNEY STREET | | | | | 2. Issuer Name and Ticker or Trading Symbol Vericel Corp [VCEL] 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2021 | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Medical Officer | | | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|----------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|---------------------------------------------|-------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------|---------------------------------------|--|
| (Street) CAMBR (City) | CAMBRIDGE MA 02139 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | n | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/D | | | | 2A. Deemed Execution Date, | | 3. Trai | ansactio | 4. Securities Act Disposed Of (D) 5) | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | A) or , 4 and | 5. Amou Securitie Beneficia Owned F Reported Transact (Instr. 3 a | S Form (D) or (I) (In on(s) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 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) | 3A. Deemed Execution Dat if any (Month/Day/Yo | te, 4. | ansacti ode (Ins | ion (str.) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Yea | | isab ate | ole and | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | mount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | | (A) | (D) | Date Exerci | | | piration te | Title | or Nu of | nount imber ares | | | | | | |
| Stock Option (right to buy) | \$51.4 | 02/19/2021 | | , | A | | 2,823 | | (1 | 1) | 02/ | /19/2031 | Commo Stock | | ,823 | \$0 | 2,823 | | D | | |
| Stock Option (right to buy) | \$51.4 | 02/19/2021 | | | A | | 57,177 | | (1 | 1) | 02/ | /19/2031 | Commo Stock | | 7,177 | \$0 | 57,177 | 7 | D | | |
| Restricted Stock Unit | (2) | 02/19/2021 | | | A | | 7,000 | | (3 | 3) | | (4) | Commo | | ,000 | \$0 | 7,000 | | D | | |

Explanation of Responses:

- 1. These options shall begin vesting on February 19, 2021 and shall vest and become exercisable in equal quarterly installments over the course of the following four (4) year period.
- $2.\ Each\ Restricted\ Stock\ Unit\ (RSU)\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ common\ stock\ of\ Vericel\ Corporation.$
- 3. These RSUs vest in four annual installments with the initial vesting of RSUs granted to the Reporting Person on February 19, 2022. The remaining RSUs will vest in annual installments on February 19, 2023, February 19, 2024, and February 19, 2025, respectively.
- 4. No expiration date for this type of award.

Remarks:

/s/ Jonathan Hopper

02/22/2021

** 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.