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 10b5-1(c). See Instruction 10.

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. Name and Address of Reporting Person* <u>Hopper Jonathan Mark</u>						2. Issuer Name and Ticker or Trading Symbol Vericel Corp [VCEL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 64 SIDNEY STREET						3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024								V	Officer (give title below) Chief Medical Officer				
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	ole I - No	n-Deriv	/ative	e Se	curities	s Ac	auired.	Dis	posed o	of. or Be	nefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Months)				action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amou Securitie Benefici		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) c	r Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/03/2					3/2024	4			M		10,000	0 A	\$	10.95	68,2	229 ⁽¹⁾		D	
Common Stock 09/03/2					3/2024	/2024			S		10,000	(2) D	\$4	49.83	58,229(1)		D		
			Table II -								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (I 8)		of		6. Date Exercisa Expiration Date (Month/Day/Yea		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to	\$10.95	09/03/2024			М		10,000		(3)		08/20/2028	Common Stock	10,0	000	\$0	12,604	4	D	

Explanation of Responses:

- 1. 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).
- 2. 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 May 28, 2024.
- 3. These options, representing the right to purchase 135,000 shares, became exercisable on August 20, 2019, the first anniversary of the date of grant, with 25% vesting and the remaining 75% vesting in equal quarterly installments over three years thereafter, contingent upon continued service to the Company.

/s/ Sean Flynn, as Attorney-in-Fact for Jonathan Hopper

09/05/2024

** 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.