



Food and Drug Administration Advisory Committee Member Acknowledgment of Financial Interests

Name of Advisory Committee Member: Steven D. Nathan, M.D., Temporary Voting Member

Committee: Gastroenterology and Urology Devices Panel of the Medical Devices Advisory Committee

Meeting Date: May 17, 2017

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item to discuss, make recommendations, and vote on information regarding the premarket approval application (PMA) for the TransMedics® Organ Care System™ (OCS)- Lung System, by TransMedics, Inc., I may be considered for participation in the advisory committee meeting described above.

<u>Type of Interest</u>	<u>Nature</u>	<u>Magnitude</u>
I. Personal/Immediate Family		
Investment funds (3)	Funds include an underlying asset that is a competitor	Combined value between \$100,001 and \$200,000
II. Other Imputed Interests		
None		

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the meeting described above. I understand that without public disclosure of these interests, I will not participate in the advisory committee meeting described above.

_____/S/_____
Signature

_____4/19/2017_____
Date