Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response	. 05										

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*     Morrell Martha					2. Issuer Name and Ticker or Trading Symbol NeuroPace Inc [ NPCE ]										all app	licable) tor	ng Person(s) to Is		wner
(Last) (First) (Middle) 455 N. BERNARDO AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2023									X	Officer (give title below)  Chief Medic			Other (s below) Officer	specify
(Street)				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					.		
MOUNTAIN VIEW CA 94043													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 - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Executi ear) if any		emed ion Date, /Day/Year)					es Acquired (A) o Of (D) (Instr. 3, 4		5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trans		saction(s) c. 3 and 4)			(Instr. 4)	
Common Stock 12/06/202				23				<b>S</b> <sup>(1)</sup>		11,005	D	\$8.157	1575(2)		126,159		D		
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)	Exec if an	Deemed cution Date, y nth/Day/Year)		saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	rice of ivative urity tr. 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 t (Instr. 4)
					Code V		(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Number of Shares						

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.05 to \$8.265, inclusive. The reporting person undertakes to provide the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

## Remarks:

/s/ Irina Ridley, Attorney-In-

12/07/2023

**Fact** 

\*\* 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.