FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Papiernik Antoine				2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]									ck all app Direct	licable) tor		6 Owner	
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 10/16/2020									below	er (give title	belo	er (specify ow)		
(Street) SANTA CLARA	CA 95054			4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)														
		Table	I - Non-l	Derivat	tive	Secui	rities A	cquire	ed, D	isposed o	f, or B	Benefic	iall	y Own	ed		
Diameter Science (mount)			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			d 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock			10	0/16/202	20			S		7,119	D	\$79.01 ⁽²⁾		1,475,506		I	By Sofinnova Capital VII FCPR ⁽¹⁾
Common Stock			10	10/19/2020				S		9,500	D	\$79.22	679.22 ⁽³⁾		6,006	I	By Sofinnova Capital VII FCPR ⁽¹⁾
Common Stock												2,7	701	D			
		Tal						-		posed of,			-	Owned	d	,	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any	Deemed cution Date,		allS, V action (Instr.	5. Number of Derivativ	er 6. D Exp			7. Title Amou Secur	e and int of	8. De	erivative	9. Numbe derivative Securities	Owners Form:	11. Nature of Indirect Beneficial
			(Month/Da			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		s I I		,	Under Deriva	rlying ative rity (Instr.	(In	(Instr. 5)	Beneficially Owned Following Reported Transaction(s (Instr. 4)	Direct (or Indir (I) (Inst	ct (Instr. 4)
					Code	v	(A) (D	Date Exe	e rcisable	Expiration e Date	Title	Amount or Number of Shares	1				

Explanation of Responses:

- 1. Represents shares directly held by Sofinnova Capital VII FCPR. The reporting person is one of the managing partners of Sofinnova Partners SAS, a French corporation and the management company of Sofinnova Capital VII FCPR. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest.
- 2. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$79.00 to \$79.19. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.
- 3. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$79.00 to \$79.63. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.

Remarks:

All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by Sofinnova Capital VII FCPR.

/s/ Trinh Phung, as attorneyin-fact for Antoine Papiernik

10/19/2020

** Signature of Reporting Person

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.