FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

vvasnington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL									
OMB Number: 3235-028										
Estimated average burden										
hours per response	. 0.5									

	ction 1(b).	140. 000		Filed	pursua or Se	ant to S ection 3	ection 0(h) of	16(a) the li	of the	Secu ent C	rities Exchan ompany Act	ge Act o of 1940	of 1934			nours	per re	sponse:	0.5
1. Name and Address of Reporting Person*  PUCKETT DAN				2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]									5. Relationship of Reporting Person(s) to I (Check all applicable)  Director 10% C					)wner	
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023									X	Officer (give title below)  Chief Financial Officer				эрсону
(Street) SANTA CLARA (City)	. CA		5054 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivine)	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(=:9)				n-Derivat	tive \$	Secui	rities	Acq	uire	d, Di	sposed o	f, or E	Benefic	ially	Own	ed			
Date		. Transaction Date Month/Day/Y	/Year) Execut		eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed Of			1 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								-	Code V		Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				ction(s)	
Commor	Stock			02/01/202	23				A		6,514	A	\$0.0	0	46,452 D				
Commor	Stock			02/02/202	23				F		3,221	D	\$188.2	26(1)	43,231 D				
		Tal									posed of, convertil				wne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transaction Code (Instr. 8)  5. Num of Derivat Acquir (A) or Dispos of (D) (Instr. and 5)		itive ities red sed 3, 4	Expir	te Exe ation I th/Day		7. Title Amou Secur Under Deriva Secur 3 and	int of rities rlying ative rity (Instr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

Expiration Date

## **Explanation of Responses:**

1. All reported securities were sold at a price of \$188.26.

## Remarks:

/s/ Wade Estey, as attorney-in-02/03/2023 fact for Dan Puckett

\*\* Signature of Reporting Person Date

of Shares

Title

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).

Code

(A) (D)

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.