FORM 4

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

Washington, D.C. 20549

	.,	

OMB APPROVAL 3235-0287 OMB Number: 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).

## 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

Name and Address of Reporting Person*     PUCKETT DAN						2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]										ationship of Reportin all applicable) Director		10% Ov	vner	
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE					07	3. Date of Earliest Transaction (Month/Day/Year) 07/20/2022									Officer (give title Other (specify below) Chief Financial Officer					
(Street) SANTA (City)	CLARA C.	tate)	95054 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
1. Title of Security (Instr. 3)			2. Transac	2. Transaction 2 Date E Month/Day/Year) (I		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amount of		int of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s) and 4)				
Common			07/20/2022 M <sup>(1)</sup> 1,110 A \$17 41,048 07/20/2022 M <sup>(1)</sup> 240 A \$4.026 41,288		D D															
Common				07/20/		+			S <sup>(1)</sup>		1,350	D	\$207.0	_	39,938		D D			
		7	able II								posed of converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		n of		6. Date Exerci Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (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 Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	nber						
Stock Option	\$17	07/20/2022			M <sup>(1)</sup>			1,110	(3)		03/06/2029	Common Stock	1,110		\$0.00	8,880		D		
Stock	1		l		(1)	1	1	1	(0)		I	Common	1 240			l			1	

(4)

240

## **Explanation of Responses:**

\$4 026

- 1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 3/9/2022.
- 2. All reported securities were sold at a price of \$207.09.
- 3. 1/48th of the shares subject to the option shall vest monthly from 03/06/2019

07/20/2022

 $4.\ 1/48 th\ of\ the\ shares\ subject\ to\ the\ option\ shall\ vest\ monthly\ from\ 07/19/2018.$ 

## Remarks:

Option

/s/ Wade Estey, as attorney-infact for Dan Puckett

240

\$0.00

07/19/2028

07/21/2022

55

D

\*\* 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).

 $M^{(1)}$ 

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.