FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C	20549	
asimigion,	D.C.	20049	

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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

1. Name and Address of Reporting Person*  MOLL FREDERIC H						2. Issuer Name and Ticker or Trading Symbol ShockWave Medical, Inc. [ SWAV ]									ck all applica	ionship of Reporting all applicable) Director		g Person(s) to Issuer 10% Owner		
	(Fi OCKWAVE TSY ROSS	MEDICAL, INC	(Middle)		03	3. Date of Earliest Transaction (Month/Day/Year) 03/11/2019									Officer (give title below)		Other (specify below)			
(Street)	CLARA CA	A	95054 (Zip)		- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
		Ta	ble I - Noi	n-Deri	vativ	re Se	ecurities	s Acc	auired.	Dis	posed o	of. or l	Benef	ficially	Owned					
1. Title of Security (Instr. 3)		2. Tran	2. Transaction Date		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A)			A) or	5. Amoun Securities Beneficia Owned Fo	s Illy ollowing	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)							
Common	Common Stock		03/1	03/11/2019				С		123,6	57	Α	(1)	123,657			D			
Common	Common Stock			03/1	3/11/2019				С		114,10	07	Α	(1)	237,	,764		D		
Common	non Stock			03/1	03/11/2019				С		28,767		Α	(1)	266,531			D		
Common	Stock			03/1	1/20	19			С		24,34	7	Α	(1)	290,	,878 D				
			Table II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year			3A. Deemed Execution D if any (Month/Day	Date, Transaction Code (Instr.		n Derivative E		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				,	Code	v (	(A) (I	(D)	Date Exercisal		Expiration Date	Title	or Nu	mount Imber Shares		(Instr. 4)				
Series A	1	I	I				1													

## **Explanation of Responses:**

Convertible

Preferred Stock

Series A-1 Convertible Preferred

Series B Convertible

Preferred

Preferred

Stock

Stock Series C Convertible (1)

(1)

(1)

03/11/2019

03/11/2019

03/11/2019

03/11/2019

1. Each share the convertible preferred stock automatically converted into shares of Common Stock on a one-for-one basis immediately upon the closing of the Issuer's initial public offering without payment or consideration. The shares of the convertible preferred stock had no expiration date.

(1)

(1)

(1)

(1)

(1)

(1)

/s/ Trinh Phung, as attorney-infact for Frederic Moll

123,657

114,107

28,767

24,347

Stock

Stock

Common

Stock

Stock

(1)

(1)

(1)

03/13/2019

0

0

0

D

D

D

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).

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123,657

114,107

28 767

24,347

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.