SEC Form 4

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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* Godshall Douglas Evan (Last)　(First)　(Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE (Street) SANTA CLARA CA　　95054 (City)　(State)　(Zip)	2. Issuer Name **and** Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director　10% Owner X Officer (give title below)　Other (specify below) President & CEO
	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2022	
	4. If Amendment, Date of Original Filed (Month/Day/Year) 08/12/2022	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person ☐ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	08/11/2022		M(1)		30,000	A	$3.416	142,926	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	$3.416	08/11/2022		M(1)			30,000	(2)	05/09/2027	Common Stock	30,000	$0.00	424,799	D	

Explanation of Responses:

1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 2/27/2022.
2. Twenty-Five percent of the shares subject to this option vested on 5/9/18 and the balance of the shares vested in equal monthly installments.

Remarks:

This Form 4 is being amended to correct the following in Table I and Table II, above: (i) add reference to an option exercise on August 11, 2022 of 30,000 shares ; and (ii) correct and restate the aggregate ownership of Common Stock of the Issuer held by the Reporting Person as of August 11, 2022, pursuant to the foregoing correction.

/s/ Wade Estey, as attorney-in-fact for Douglas Godshall　　12/02/2022

** 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.