Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

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* Godshall Douglas Evan | | | | | 2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV] | | | | | | | | (Cł | neck all ap | ctor | • | 10% O | wner | |
|---|---|-------|------------------|----------|--|---|--|---|---|---|----------|---|--------|---|--|--|---|------|--|
| (Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022 | | | | | | | | X belo | | | below) | , | | |
| (Street) SANTA CLARA (City) | C.A. | | 5054 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/03/2022 | | | | | | | | Lin | e) X Fori Fori | I | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or | Ben | eficia | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | d Secu | urities F eficially (ned Following (| | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | v | Amount | (A (D |) or) | Price | Trans | action(s) 3 and 4) | | | (| | | | |
| Common Stock 02/01/2 | | | | | 2022 | | | A | | 22,079 | | A | \$0.0 | 00 158,935 | | | 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) | ve Conversion of Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) | | Transa Code (| (Instr. | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share | | nstr. | 8. Price of Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

Remarks:

This Form 4 is being amended to correct the following in Table I, above: (i) remove reference to a sale on February 1, 2022 of 4,831 shares to cover tax withholding of the Reporting Person; and (ii) correct and restate the aggregate ownership of Common Stock of the Issuer held by the Reporting Person as of February 1, 2022, pursuant to the foregoing correction. No tax withholding transaction occurred on February 1, 2022.

> /s/ Wade Estey, as attorney-in-02/15/2022 fact for Douglas Godshall

** 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.