Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

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

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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 ] |   |   |   |                                     |         |                        |   |   |                                      | ionship of Reporting all applicable)   |   |  | 10% Ov   | vner        |
|---|------|-------------------|--------|--|--|---|---|---|-------------------------------------|---------|------------------------|---|---|--------------------------------------|--|---|--|--|-------------|
| (Last)  | (Fir | st) (MEDICAL, INC | Middle | )  | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2023                  |   |   |   |                                     |         |                        |   |   | X                                    | Office   | er (give title<br>v)<br>Presider                                  | nt &   | Other (s<br>below)<br>CEO  | specify     |
| 5403 BETSY ROSS DRIVE   |      |                   |        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |   |   |                                     |         |                        |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |                                      |  |   |  |  |             |
| (Street)<br>SANTA<br>CLARA  | CA   | Λ 9               | 95054  |  |  | X Form filed by One Reporting Person Form filed by More than One Reporting Person   |   |   |                                     |         |                        |   |   |                                      |  |   |  |  |             |
| (City)  | (Sta | ate) (Z           | Zip)   |  | $ _{\square}$  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions. |   |   |                                     |         |                        |   |   |                                      |  |   |  |  |             |
|   |      | Table             | I - N  | on-Deriva  | tive S   | Secui   | rities  | Ac                                      | quire                               | d, Di   | sposed of              | f, or E   | Benefici  | ally                                 | Own  | ed  |  |  |             |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N  |      |                   |        | Executi<br>(ear) if any                                  |  | ion Date,   |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                                     |         |                        |   | nd 5) Secui<br>Bene   |                                      | cially<br>I Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |             |
|   |      |                   |        |  |  |   |   |   | Code                                | v       | Amount                 | (A) or<br>(D)   | Price   |                                      | Transa   | ction(s)<br>3 and 4)  |  |  | (111501. 4) |
| Common Stock 11/02/20   |      |                   |        |  | 023  |   |   |   | F                                   |         | 592                    | D   | \$214.0   | 141,057                              |  | 1,057   |  | D  |             |
|   |      | Tal               | ole II | - Derivati<br>(e.g., pu                                  |  |   |   |   |                                     |         | oosed of,<br>convertib |   |   |                                      | wne  | d   |  |  |             |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion of Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year) |      |                   |        |  | Transaction<br>Code (Instr.  |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |   | Expiration Date<br>(Month/Day/Year) |         |                        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |   | rice of<br>vative<br>urity<br>tr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |             |
|   |      |                   |        |  | Code   | v   | (A)   | (D)                                     | Date<br>Exerc                       | cisable | Expiration<br>Date     | Title   | Amount<br>or<br>Number<br>of<br>Shares                      |                                      |  |   |  |  |             |

## **Explanation of Responses:**

1. All reported securities were sold at a price of \$214.07.

## Remarks:

s/ Wade Estey, as attorney-infact for Douglas Godshall

11/15/2023

\*\* 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.