FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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* LARKIN C RAYMOND JR					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]										ck all app Direc	tor	ng Perso	10% Ow	vner
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIV					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2020										below	er (give title		Other (s below)	респу
(Street) SANTA CLARA (City)	CA (Sta		5054 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X	Form Form	fual or Joint/Group Filing (Check Applicable 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																		
Date			2. Transac Date (Month/Da	Exec (ay/Year) if an		. Deemed ecution Date, any onth/Day/Year)		Transaction		4. Securities Acquired (ADisposed Of (D) (Instr. 35)			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct of Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			,iii3ti. 4)
Common Stock 07/2				07/17/	2020			A		2,701 A		A	\$ <mark>0</mark>	2,701		I)		
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Oi Oi Oi (I)	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
CC		Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	per								

Explanation of Responses:

/s/ Trinh Phung, as attorneyin-fact for C. Raymond

Larkin, Jr.

** Signature of Reporting Person Date

07/21/2020

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.