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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b).

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0.5									

(Instr. 4)

1. Title of Security (Instr. 3) 2. Transa Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
		Table I - No	n-Derivative S	Securities Acq	uired, Dis	posed of, or Benef	icially	Owned				
(City)	(State)	(Zip)										
(Street) SANTA CLARA	CA	95054	4. If A	amendment, Date o	f Original Filed	d (Month/Day/Year)	6. Indi Line) X	Form filed by On Form filed by Mo Person	e Reporting Per	son		
C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE				4/2020					nt & CEO			
(Last)	(First)	(Middle)	3. Da	te of Earliest Trans			X X	Officer (give title below)	below	(specify		
	ddress of Reporting  Douglas Evan			uer Name <b>and</b> Tick			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			or Se	ction 30(h) of the Ir	vestment Cor	npany Act of 1940						

Common	mmon Stock 04/24/2020						F		1,841	D	\$39	.48	98,359	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)	e of 2. 3. Transaction attive Conversion Date Execution Date, if any Code (Instr. Derivative)		vative rities nired r osed )	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Underlying Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares				

**Explanation of Responses:** 

/s/ Trinh Phung, as attorneyin-fact for Douglas Godshall

(A) or

04/27/2020

Reported Transaction(s)

(Instr. 3 and 4)

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.