FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.O. 20040

STATEMENT	OF	CHANGES	IN BENEFI	ICIAL	OWNERSHIP

ı	OMB APPRO	IVAL			
	OMB Number:	3235-0287			
l	Estimated average burde	en			
	hours per response:	0.5			

Check this box if no longer subject to Section 16. Form 4 or Form 5 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* Zacharias Isaac					2. Issuer Name and Ticker or Trading Symbol ShockWave Medical, Inc. [SWAV]									neck all a Dir	hip of Reportir pplicable) ector icer (give title	ng Person(s) to Is 10% (
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 04/17/2019									^ bel	chief Commercial Officer)``	
(Street) SANTA CLARA CA 95054 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. I	ndividual or Joint/Group Filing (Check Applicable e) 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. Transac Date (Month/Da				Execution Date,			Code (Instr. 5)				Secu Bene Own	nount of irities eficially ed Following orted	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	Transaction(s) (Instr. 3 and 4)			(11150.4)			
Common Stock 04/17/2				/2019		A		5,000		A	\$0.0	0	5,000	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)	titive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	Care Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Exercisable Date		e ar)	Amount of Securities Underlying Derivative Security (Instr. and 4)		unt	3. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

/s/ Trinh Phung, as attorney-infact for Isaac Zacharias 07/16/2019

** 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.