SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB APPROVAL										
OMB Number:	OMB Number: 3235-0287									
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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

	Address of Reporting	•	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Shockwave Medical, Inc.</u> [SWAV]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	hall Douglas Evan (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)	X X	Director Officer (give title below)	10% Owner Other (specify below)				
C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE			02/22/2022		President & CEO					
(Street) SANTA CLARA	CA	95054	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	ividual or Joint/Group Fi Form filed by One Ri Form filed by More ti Person	eporting Person				
(City)	(State)	(Zip)	erivative Securities Acquired, Disposed of, or Ber	eficially	v Owned					

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		
Common Stock	02/22/2022		F		8,765	D	\$159.59	145,043	D	
Common Stock	02/22/2022		F		230	D	\$158.13	144,813	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of E		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

/s/ Wade Estey, as attorney-in-02/23/2022

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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).