FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.0	C. 20549
-----------------	----------

Eilad nur	cuant t	o Contin	n 16(a)	of tha	Conurition	Evoho	nao Ac	+ of 1	ເດວ

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

oursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Name and Address of Reporting Person* Zacharias Isaac					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	,	rst) MEDICAL, IN	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/26/2023							X Officer below	(give title) Preside	ent, C	Other (s below)	specify		
5403 BETSY ROSS DRIVE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SANTA	CLARA C	A :	95054			X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - No	on-Deriv	vative	Sec	urit	ies Ac	quired	l, Dis	sposed o	of, or Be	neficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)		
Common Stock 12/26/2			/2023	023			M ⁽¹⁾		3,458	A	\$6.71	. 45	,606		D				
Common Stock 12/26/2			/2023	2023		S ⁽¹⁾		4,000	D	\$192.5	.5 ⁽²⁾ 41,606			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security 3. Transaction Date (Month/Day/Year) Execution if any (Month/Day/Year)			on Date,	4. Transaction Code (Instr. 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option	\$6.71	12/26/2023			M ⁽¹⁾			3,458	(3)		11/14/2028	Common Stock	3,458	\$0	40,408	8	D		

Explanation of Responses:

- 1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 2/25/2022, amended on 5/23/2022.
- 2. All reported securities were sold at a price of \$192.50.
- 3. Fully vested.

Remarks:

/s/ Wade Estey, as attorney in fact for Isaac Zacharias

12/28/2023

** 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.