| SEC Form 4 | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------------|--------------------|---|----------|--|--|----------------|-------------------------|--|---|--|--|---|
| FORM 4 UNIT | ED STA | TES | S SI | ECU | | ES Al ington, D | | | | NGE | CO | MMI | SSION | | OMB | APPRO | /AL |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | T OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| | | or | Secti | on 30(| h) of the | e Investr | ent C | Comp | any Act | of 1940 |) | | Polationshin | of Poportin | a Por | | |
| 1. Name and Address of Reporting Person [*] WATKINS FRANK T | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Shockwave Medical, Inc.</u> [SWAV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023 | | | | | | | | | | Officer (give title Other (specify below) below) | | | | pecify |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/21/2023 | | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) SANTA CLARA CA 95054 | | | | | | | | | | | | | | iled by Mo | | n One Repo | |
| (City) (State) (Zip) | | 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. | | | | | | | | | | | | | | | |
| Table I - | | | | | | · | d, Di | <u> </u> | | - | | | - | | | | |
| 1. Title of Security (Instr. 3) Date (Month/I | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | A) or 8, 4 and | and Securities Beneficially Owned Fol | | Form (D) o | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Cod | e V | 4 | Amount | int (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | 06/20 | | | 2023 | | |) | | 3,000 | 0 A \$ | | \$3.41 | 16 4,532 | | ļ | D | |
| Table | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any | 3A. Deemed 4 Execution Date, T if any C (Month/Day/Year) 8 | | | of Der Sec Acq (A) Disj | posed D) tr. 3, 4 | Expirat | Date Exercisable xpiration Date Month/Day/Year) | | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | |) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | Code | v | (A) | (D) | Date Exercis | able | Exp | piration te | Title | or Nu of | nount Imber Iares | | | | | |

Explanation of Responses:

\$3.416

1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 12/7/2022.

2. Fully vested.

Stock Option

Remarks:

<u>s/ Wade Estey, as attorney-in-</u> <u>fact for Frank T. Watkins</u> <u>01/04/2024</u>

\$<mark>0</mark>

105,313

D

** Signature of Reporting Person Date

3,000

Common Stock

05/09/2027

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).

06/20/2023

** 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.

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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.

3,000

(2)