FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
hours per response	e: 0.5							

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							.,				ompany Act								1	
Name and Address of Reporting Person*  Toyloy Sara					2. Issuer Name <b>and</b> Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
10/10/ Out a					-									X	Direc			10% Ov	vner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023										Officer (give title below)		Other (s below)	pecify	
C/O SHOCKWAVE MEDICAL, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)								r) 6	6. Individual or Joint/Group Filing (Check Applicable						
5403 BETSY ROSS DRIVE				and the state of original rated (Montal Day) really									Line)							
														X Form filed by One Reporting Person						
(Street)					Form filed by More than One Reporting Person												orting			
CLARA	CA 95054			4	Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (Z	Zip)			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.												ended to		
		Table	I - N	lon-Derivat	ive Se	ecui	rities	Ac	quired	d, Di	sposed o	f, or E	3enefic	ially	Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Execution Execution		on Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Securities Acquired (A) opposed Of (D) (Instr. 3, 4		and 5) Se Be Ov Fo		5. Amount of Securities Beneficially Owned Following		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	,  т		eported ansaction(s) str. 3 and 4)				
Common Stock 05/11/202					23				S		235	D	\$296.2	28(1)	8(1) 3,037			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	٦,	Deemed	•	-,		_	<del></del>		cisable and	_		ŕ	wies of	9. Number	a4 1	10	11. Nature	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Exe if ar	cution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira (Mont	te Exer ation E th/Day	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							

## Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$296.28 to \$296.54. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.

## Remarks:

/s/ Wade Estey, as attorney-infact for Sara Toyloy 05/12/2023

\*\* 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.