SEC Form 4	
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Instruction 1(b).

FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

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

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
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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

-			of Section So(ii) of the investment Company Act of 1940	
1. Name and Add <u>Papiernik A</u>		g Person [*]	2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner
1	(First) (Middle) WAVE MEDICAL, INC. 7 ROSS DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 06/28/2021	Officer (give title Other (specify below) below)
(Street) SANTA CLARA (City)	CA (State)	95054 (Zip)	 4. If Amendment, Date of Original Filed (Month/Day/Year) 	 6. Individual or Joint/Group Filing (Check Applicable Line) 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of 5)			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 (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	06/28/2021		A		850(1)	A	\$0	3,551	D	
Common Stock								122,251	I	By Sofinnova Capital VII FCPR ⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)															
De	Title of erivative ccurity Istr. 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		6. Date Exercisable and Expiration Date (Month/Day/Year)		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:

1. Reflects shares issuable on settlement of restricted stock units granted to the Reporting Person. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The shares subject to the restricted stock units vest on 6/25/2022, subject to the Reporting Person's continued service through such date.

2. Represents shares directly held by Sofinnova Capital VII FCPR, reported by Sofinnova Capital VII FCPR on a separate Form 4. The reporting person is one of the managing partners of Sofinnova Partners SAS, a French corporation and the management company of Sofinnova Capital VII FCPR. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest.

<u>/s/ Trinh Phung, as attorney-</u> in-fact for Antoine Papiernik

07/09/2021

** 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.