FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APP	OMB APPROVAL									
ı											
l	OMB Number: 3235-02										
l	Estimated average burden										
l	hours per response	: 0.5									

	Check this box if no longer subject
$\Box$	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

Name and Address of Reporting Person*     Ballinger Kevin J.				2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]							(Che					ssuer		
(Last)	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023								Office belov	er (give title v)		Other (s	specify		
C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ANTA											X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
CLARA	CA	Λ 9	5054		Rule 10b5-1(c) Transaction Indication													
(City)	(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interesting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to						
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	osed of	f, or	Ben	eficial	ly Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		ution Date,	Transaction Dis		Disposed	4. Securities Acquired (and Disposed Of (D) (Instr. 35)			Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A (D	) or )	Price		rted saction(s) . 3 and 4)				
Common Stock 05/16/20					2023			A		997(1)	) A \$		\$0.00	997		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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f D S g (li	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)	
					Code	v	(A) (D)	Date Exercisa	ıble	Expiration Date	Title	or Nun of	ount mber ures					

## 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 in equal annual installments over three years commencing on May 16, 2023, subject to the Reporting Person's continued service through each relevant vesting data.

## Remarks:

/s/ Wade Estey, as attorney-infact for Kevin J. Ballinger 05/18/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.