FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Inatorotion 4/h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Zacharias Isaac				2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]									tionship of Reporting all applicable) Director Officer (give title		10% O		wner		
(Last)	(Fir	,	Middle	2)	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2023									X	belov	v)	Other (spe below) ent, CCO		specify
C/O SHOCKWAVE MEDICAL, INC.										,									
5403 BETSY ROSS DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(04													X	X Form filed by One Reporting Person					
(Street) SANTA CA 95054											Form filed by More than One Reporting Person								
CLARA CA 33034					Rul	Rule 10b5-1(c) Transaction Indication													
(City) (State) (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.														
		Table	I - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N			Execution		on Date,					curities Acquired (A) of sed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tran		saction(s) r. 3 and 4)			(Instr. 4)	
Common Stock 03/27/20				03/27/20)23			S ⁽		П	4,000	D	\$215.6	59 ⁽²⁾ 74,078		4,078		D	
		Tal	ble II	l - Derivati (e.g., pu							oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) if any (Month/Day/Year) 8)				5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities lired r osed) r. 3, 4	Expiration Date (Month/Day/Year)			7. Titl Amou Secur Under Derive Secur 3 and	int of rities rlying ative rity (Instr. 4)	Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

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 \$215.69.

Remarks:

/s/ Wade Estey, as attorney in fact for Isaac Zacharias ** Signature of Reporting Person

03/28/2023

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.