FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

TATEMENT OF	CHANGES	IN RENEFICIAL	OWN

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

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

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

1. Name and Address of Reporting Person* Godshall Douglas Evan				2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Journa	<u> </u>	io io vuii												X	Direct			10% Ov	
(Last)	(Fir	st) (N	Middle	2)	3. Date of Earliest Transaction (Month/Day/Year) 04/25/2023								X	Office below	,		Other (s	specify	
C/O SHO	OCKWAVE	MEDICAL, INC	C.		07/2	51202	.J								President & CEO				
5403 BETSY ROSS DRIVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form	filed by One	e Rep	orting Perso	on
SANTA CLARA	TA CA 95054												Form filed by More than One Reporting Person				orting		
					Rul	e 10)b5-	1(c	Tra	nsa	ction Ind	icatio	on						
(City)	(Sta	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							uction or writt	en pla	n that is inter	nded to			
		Table	I - N	on-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			Execution D		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			1 5)	Securities Beneficially Owned Following		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Ì	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			04/25/202	23			F		1,868	D	\$280.0)1(1) 14:		142,873		D		
		Tat	ble II	- Derivati (e.g., pu							posed of, convertib			•	Owned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, y yth/Day/Year)	4. Transaction Code (Instr. 8) See Ac. (A) Dis		5. Num of Derive Securi Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exe Expiration (Month/Day			7. Title Amou Secur Under Derive Secur 3 and	int of ities rlying ative ity (Instr.	Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exerc	cisable	Expiration Date	Title	Number of Shares						

Explanation of Responses:

1. All reported securities were sold at a price of \$280.01.

Remarks:

/s/ Wade Estey, as attorney-infact for Douglas Godshall 04/26/2023

** 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.