SEC Form 4	
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## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287										
Estimated average bu	rden									
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STATEMENT	<b>OF CHANGES IN</b>	BENEFICIAL	<b>OWNERSHIP</b>
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				or Section So(n) of the	investillent O		1					
1. Name and Address of Reporting Person <sup>*</sup> Zacharias Isaac			2. Issuer Name <b>and</b> Tic Shockwave Mee			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O SHOCKWA	(First) (Middle) SHOCKWAVE MEDICAL, INC.					3. Date of Earliest Tran 11/27/2023	saction (Mont	n/Day/Year)	X Officer (give title C below) b President, CCO			(specify )
5403 BETSY ROSS DRIVE				4. If Amendment, Date	of Original File	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctra at)							X	Form filed by One	e Reporting Pers	son		
(Street) SANTA CLARA	CA	95054						Form filed by Mo Person	re than One Rep	porting		
(City)	(State)	(Zip)		Rule 10b5-1(c)	) Transad	ction Indication						
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ded to		
	Т	able I - N	on-Derivat	ive Securities Ac	quired, Di	sposed of, or Benefi	cially	Owned				
1. Title of Security (	(Instr. 3)		2. Transaction Date	1 2A. Deemed Execution Date,	3. Transaction	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		

	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (		Disposed Of	(D) (Instr	: 3, 4 and 5)		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150.4)
Common Stock	11/27/2023		M <sup>(1)</sup>		3,777	A	\$6.71	47,868	D	
Common Stock	11/27/2023		<b>S</b> <sup>(1)</sup>		4,000	D	<b>\$173.58</b> <sup>(2)</sup>	43,868	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)	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 Deri Sec Acq (A) o Disp of (E (Inst	erivative (Month/Day/Year) ecurities cquired A) or isposed		Amount of		Amount of Securities Jnderlying Derivative Security Derivative Security		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				
Stock Option	\$6.71	11/27/2023		<b>M</b> <sup>(1)</sup>			3,777	(3)	11/14/2028	Common Stock	3,777	\$0.00	43,866	D	

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 \$173.58.

3. Twenty-Five percent of the shares subject to the option shall vest on 11/09/19 and the balance of the shares vested in equal monthly installments thereafter for 36 months.

**Remarks:** 

/s/ Wade Estey, as attorney in fact for Isaac Zacharias

<u>11/28/2023</u>

\*\* 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.