FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL							
OMB Number:	3235-0287							
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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

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	nd Address of ias Isaac		2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]									all appli Directo	or		son(s) to Issuer 10% Owner Other (specify				
	Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 403 BETSY ROSS DRIVE							est Tra	(Mon	th/Day/Year)		X	below)			below)	респу		
(Street)	_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
SANTA (City)	-										Form filed by More than One Reporting Person								
		Tab	le I - I	Non-Deriv	vative	e Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	enefici	ally	Owned	i			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						if any	eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or f (D) (Instr. 3, 4 and		Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
					Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)		[(Instr. 4)				
Common	020	0			M ⁽¹⁾		4,000	A	\$4.02	26 38		3,567		D					
Common Stock 05/11/202						.0			S		1,800	D	\$40.57	.5721(2)		6,767		D	
Common Stock 05/11/202						20			S		2,200	D	\$41.58	41.5837(3)		34,567		D	
		Т	able								posed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Expirat (Month	tion D		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	r					
Employee Stock Option (Right to Buy)	\$4.026	05/11/2020			M			4,000	(4))	04/10/2028	Commor Stock	4,000)	\$0	115,540)	D	

Explanation of Responses:

- $1. \ All \ transactions \ reported \ here \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ Plan \ adopted \ by \ the \ reporting \ person \ on \ 9/4/2019.$
- 2. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$40.22 to \$40.98. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.
- 3. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$41.23 to \$41.92. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.
- $4.\ Twenty-five percent of the shares subject to the option vested on 3/1/2019 and the balance of the shares are scheduled to vest in equal monthly installments thereafter for 36 months.$

/s/ Trinh Phung, as attorney-infact for Isaac Zacharias 05/12/2020

** 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.