FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject
Section 16. Form 4 or Form 5
bligations may continue. See
netruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner  Office of circle title					vner	
(Last)	(Fir	st) (MEDICAL, INC	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year)  09/26/2023  X Officer (give title below) Other (specify below)  President, CCO											specify			
5403 BETSY ROSS DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SANTA CLARA CA 95054			Du	X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)					l⊓,	Rule 10b5-1(c) Transaction Indication  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	, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y					Execution (ear) if any		on Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of				nd 5) Sec Ben Owr		Amount of ecurities eneficially wned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)
Common	Stock			09/26/20	)23				S <sup>(1)</sup>		4,000	D	\$192.1	2 <sup>(2)</sup>	<sup>(2)</sup> 47,905			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	cise (Month/Day/Year) if any Code (Instr.   Deriv f ive (Month/Day/Year)   8)   Secu Acqu		rative rities ired r osed )	Expiration Date (Month/Day/Year)  d 4  Date Expiration				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		rice of ivative urity ttr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- $1. \ All \ transactions \ reported \ here \ were \ effected \ pursuant \ to \ a \ Rule \ 10b 5-1 \ Plan \ adopted \ by \ the \ reporting \ person \ on \ 2/25/2022, \ amended \ on \ 5/23/2022.$
- 2. All reported securities were sold at a price of \$192.12.

## Remarks:

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

09/27/2023

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.