Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

**OMB APPROVAL** 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person*  Phung Trinh					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]										all app	licable) tor	ng Person(s) to Is		wner
(Last)	(Fir	est) (MEDICAL, INC	Middle C.	:)	3. Date of Earliest Transaction (Month/Day/Year)  12/04/2023  X Officer (give title below) Other (specify below)  VP, Finance										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	SANTA CA 95054			D. I	X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(Sta	ate) (2	Zip)		$ _{\Box}$	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.									nded to				
		Table	I - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y				Executi Year) if any		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Disposed Of (Instr.					and 5) Secu Bend Own		Amount of curities neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/04/20					023				F		32	D	\$179.5	9.52(1)		29,240		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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any					ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			e and int of rities rlying ative rity (Instr. 4)			9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. All reported securities were sold at a price of \$179.52.

## Remarks:

/s/ Wade Estey, as attorney-infact for Trinh Phung

12/06/2023

\*\* 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.