

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549  
FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB Number: 3235-0076

Estimated average burden

hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Number) Previous Names X None Entity Type

0001642545

Name of Issuer

ShockWave Medical, Inc.

- X Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

Jurisdiction of Incorporation/Organization

DELAWARE

Year of Incorporation/Organization

- X Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

ShockWave Medical, Inc.

Street Address 1

48501 WARM SPRINGS BLVD.

Street Address 2

STE. 108

City

FREMONT

State/Province/Country

CALIFORNIA

ZIP/PostalCode

94539

Phone Number of Issuer

510-279-4262

3. Related Persons

Last Name

Godshall

First Name

Doug

Middle Name

Street Address 1

c/o ShockWave Medical, Inc.

Street Address 2

48501 Warm Springs Blvd., Ste. 108

City

Fremont

State/Province/Country

CALIFORNIA

ZIP/PostalCode

94539

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name

Brinton

First Name

Todd

Middle Name

J.

Street Address 1

c/o ShockWave Medical, Inc.

Street Address 2

48501 Warm Springs Blvd., Ste. 108

City

Fremont

State/Province/Country

CALIFORNIA

ZIP/PostalCode

94539

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Moll	Frederic	H.
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539
<b>Relationship:</b>	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Papiernik	Antoine	
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539
<b>Relationship:</b>	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Watkins	Jay	
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539
<b>Relationship:</b>	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Cahill	Colin	
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539
<b>Relationship:</b>	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Puckett	Dan	
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539
<b>Relationship:</b>	X Executive Officer	Director Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Sjostrom	Michael	
<b>Street Address 1</b>	<b>Street Address 2</b>	
c/o ShockWave Medical, Inc.	48501 Warm Springs Blvd., Ste. 108	
<b>City</b>	<b>State/Province/Country</b>	<b>ZIP/PostalCode</b>
Fremont	CALIFORNIA	94539

**Relationship:** Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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#### 4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	Pharmaceuticals	Telecommunications
Investment Banking	X Other Health Care	Other Technology
Pooled Investment Fund	Manufacturing	Travel
Is the issuer registered as an investment company under the Investment Company Act of 1940?	Real Estate	Airlines & Airports
Yes	Commercial	Lodging & Conventions
No	Construction	Tourism & Travel Services
Other Banking & Financial Services	REITS & Finance	Other Travel
Business Services	Residential	Other
Energy	Other Real Estate	
Coal Mining		
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		

#### 5. Issuer Size

<b>Revenue Range</b>	<b>OR</b>	<b>Aggregate Net Asset Value Range</b>
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

#### 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)
Rule 506(c)	Section 3(c)(6)	Section 3(c)(14)
Securities Act Section 4(a)(5)	Section 3(c)(7)	

7. Type of Filing

New Notice Date of First Sale 2016-11-10 First Sale Yet to Occur  
X Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity Pooled Investment Fund Interests  
Debt Tenant-in-Common Securities  
Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities  
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$1 USD

12. Sales Compensation

Recipient Recipient CRD Number X None  
(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None

Street Address 1

Street Address 2

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation (select all that apply) All States Foreign/non-US  
Check "All States" or check individual States

13. Offering and Sales Amounts

Total Offering Amount \$79,999,992 USD or Indefinite  
Total Amount Sold \$79,999,967 USD  
Total Remaining to be Sold \$25 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. \_\_\_\_\_  
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 27

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate  
Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
ShockWave Medical, Inc.	/s/ Doug Godshall	Doug Godshall	President	2017-10-10

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.