FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
vasimigton,	D.C.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

Name and Address of Reporting Person* Papiernik Antoine						2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	,	irst) MEDICAL, IN	(Middle)		07/0	Date of Earliest Transaction (Month/Day/Year) 07/05/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	below)			Other (below)			
5403 BETSY ROSS DRIVE (Street)					-	The second secon								Line)						
SANTA	A CLARA CA 95054				Ru	le 1	10b	5-1(c)) Trans	act	ion Inc	1 010011								
(City)	(S	tate)	(Zip)		l.,	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a co satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruc														
		Tab	le I - No	n-Deriv	ative/	Sec	curit	ies Ac	quired,	Dis	posed o	of, or B	enefi	iciall	y Owned	k				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Transaction Disposed (Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	ınt (A) or Pri		rice	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(IIISU. 4)			
Common Stock 07/05/				/2023	2023		M		17,381 A S		\$17	22,662		D						
Common Stock											12,251			I	By Sofinnova Capital VII FCPR					
		Т	able II -								osed of				Owned		,			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) Date (Month/Day/Year) if any (Month/E		ed 4. Date, Transactio		tion	5. Number on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Owners Form Direct or Inc (I) (Inc	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal:		Expiration Date	Title	or	ount nber res						
Stock Option	\$17	07/05/2023			M			17,381	(1)	0	03/06/2019	Commoi Stock	¹ 17,	381	\$0.00	0		D		

Explanation of Responses:

 $1.\,1/3$ rd of the options vested each year beginning on March $11,\,2020$ until 100% of the options have vested.

Remarks:

/s/ Wade Estey, as attorney-infact for Antoine Papiernik

07/06/2023

** 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.