

Corporate Overview

August 2019

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Shockwave Medical peripheral products are Rx only. Please reference the Instructions for Use (www.shockwavemedical.com) for more information on indications, contraindications, warnings, precautions and adverse events.

In the United States, Shockwave C² Coronary IVL catheters are investigational devices, limited by United States law to investigational use.

Shockwave C² Coronary IVL catheters are commercially available in certain countries outside the U.S. Please contact the local Shockwave representative for specific country availability. The Shockwave C² Coronary IVL catheters are indicated for lithotripsy-enhanced, low-pressure balloon dilatation of calcified, stenotic de novo coronary arteries prior to stenting. For the full IFU containing important safety information please visit: https://shockwavemedical.com/clinicians/international/coronary/shockwave-c2/



Seeking to transform the treatment of calcified cardiovascular disease

Seeking to establish a new standard of care through intravascular lithotripsy (IVL)

Differentiated and proprietary local delivery of sonic pressure waves for the treatment of calcified plaque

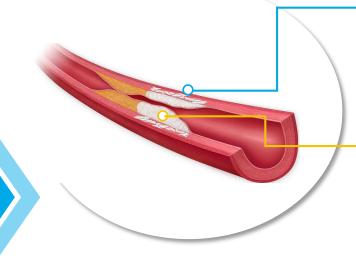


Goal of Vascular Intervention: Restore Vessel Size and Blood Flow

Atherosclerosis

Disease of aging in which arteries become narrowed ("stenotic") by the progressive growth of plaque.

Calcium in atherosclerotic plaque can prevent therapies from opening the stenotic artery.

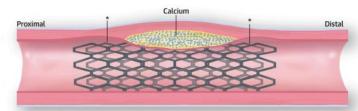


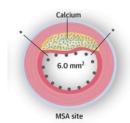
Medial ("Deep") Calcium

Calcification in middle layer (associated with stiffening)

Intimal ("Superficial") Calcium

Calcification close to the inner surface of the artery (associated with obstruction and embolization)





* Stent struts

Calcified Arteries Resist Expansion Resulting in More Complications and Vessel Damage

Common Risks with Traditional Methods to Treat Calcified Atherosclerosis

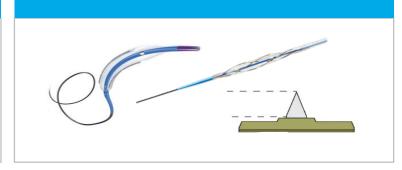
Standard Balloons (> 15 atm)



Atherectomy



Specialty Balloons (cutting & scoring)



Risks

- Dissection
- Perforation
- Restenosis (from tissue damage)

Risks

- Embolism
- Dissection
- Perforation
- Restenosis (from tissue damage)

Risks

- Dissection
- Perforation
- Restenosis (from tissue damage)

There is a Need for Devices to Safely and Easily Prepare Calcified Arteries

Lithotripsy Has a History of Safely Cracking Calcium

Lithotripsy

Method has 30 years of success for safe elimination of kidney stones

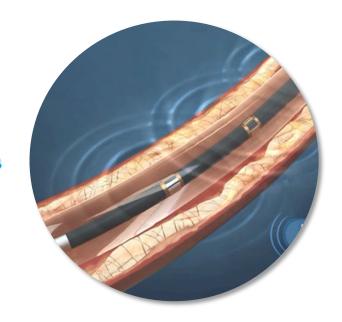
Sonic pressure waves preferentially crack calcium without harming soft tissue

Shockwave's Cardiovascular Lithotripsy

Miniaturized, localized treatment

Sound waves pass through soft tissue to crack calcium

Vessel expands under low pressure



Our Solution: Intravascular Lithotripsy



Miniaturized local treatment

Expands vessel under low pressure

Treats both superficial and deep calcium

Improves safety; no harm to soft tissue

Improves stent expansion

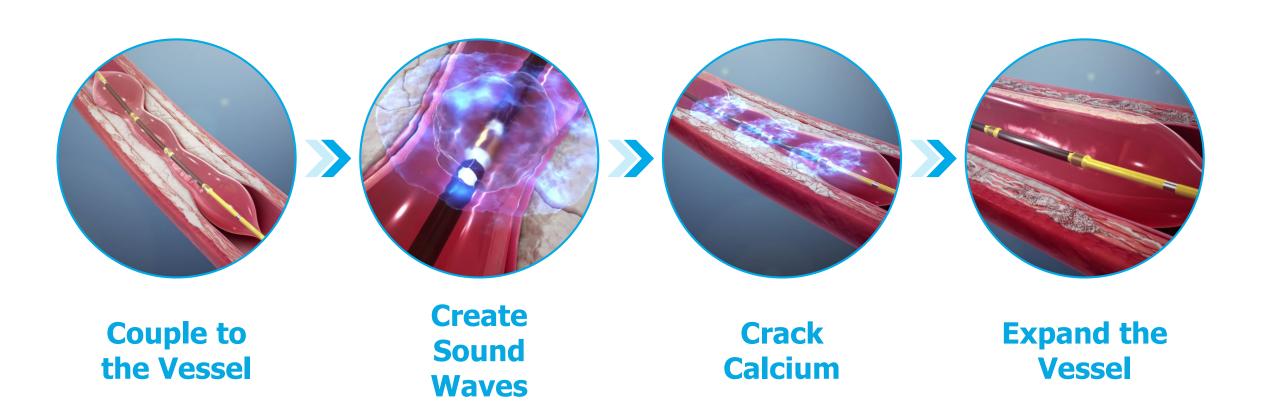
Easily integrates into interventional practice

Expands access to interventional techniques

Meaningful cost-saving potential

IVL is Uniquely Able to Address Superficial and Deep Calcium

Low pressure inflation reduces dissection risk



Standard Interventional Techniques Encourage Adoption

Why Shockwave

Safe	Treating most complex calcified anatomies with virtually no complications
Simple	Every interventional operator can use IVL (OR: No learning curve)
Effective	Unique mechanism of action that cracks both medial and intimal calcium

Targeted Segments Have a TAM of >\$6 Billion

Coronary Arteries¹ Aortic Valve² ~3.5M procedures Calcium: ~30% ~300k procedures Calcified valve: ~100% "Large Bore" Access¹ >275k EVAR, TAVR, Impella Common Femoral¹ Calcified access issues: ~15% > 50k procedures Heavy calcium: >75% Iliac¹ ~400k Symptomatic Calcified access issues: ~70% Femoro-popliteal (SFA)¹ ~700k procedures Heavy calcium: >50% Below the Knee (BTK)¹ ~300k procedures Heavy calcium: ~65%



^{1.} Annual procedures in the United States and internationally (nine European countries, five Asian countries), according to DRG and Company estimates; Proportion of annual procedures associated with calcified disease, according to Yost, M. L., Prevalence and Significance of Calcium, Vulnerable Plaque and Plaque Morphology in Peripheral Artery Disease (PAD). Beaufort, SC: THE SAGE GROUP; 2016 (for femoropopliteal, BTK, TAVR and common femoral) and Company estimates based on multiple occlusive disease studies (for iliac and EVAR / TEVAR).2 Annual procedures in 2025 according to the Journal of Thoracic Disease, 2017;9(6):1432-1436

IVL Can Grow Markets and Take Share

Peripheral Artery Disease (PAD)

Market Growth

- Iliac
- Common Femoral
- "Large Bore" Access
- Below-the-Knee

Potential Shockwave Share Gain

- Femoropopliteal (SFA)
- Below-the-Knee

Coronary Artery Disease (CAD)

Market Growth

- Left Main
- Ostial Lesions
- High-Risk PCI
- "Standard" Cardiologists

Share Gain

All cross-able lesions

Aortic Stenosis (AS)

Market Growth

- Very Old/Frail
- Contraindicated for TAVR
- Co-Morbidities
- Young Patients

Share Gain

TAVR Procedures

IVL's Platform Technology

Multi-Year pipeline of vascular & structural heart products







Peripheral





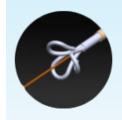




CE Mark in 2018

Ongoing global studies to support U.S. and Japan approval¹

Valve²



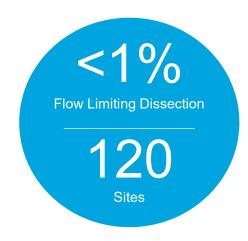
TAVL Treat calcific leaflets, delay replacement

^{1.} Enrollment began in early 2019 for CAD III and expected to be later 2019 for CAD IV

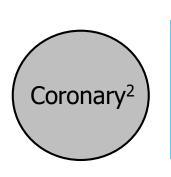
^{2.} Clinical development stage

Shockwave Clinical Study Highlights









Completed

Ongoing







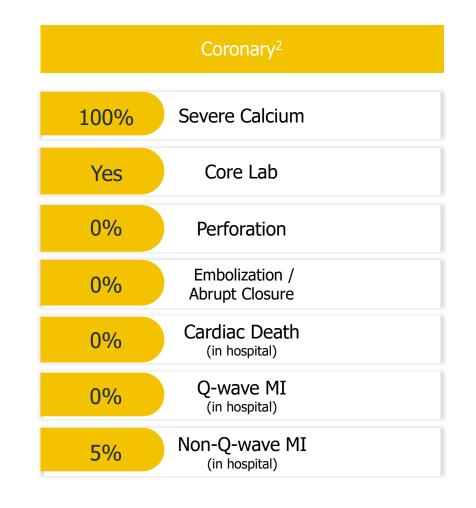
^{1.} Disrupt PAD I, PAD II and BTK Studies, data on file at company. Data as of June 30, 2019

^{2.} Disrupt CAD I & CAD II Studies, data on file at company; excludes roll-in patients. Data as of June 30, 2019

Key Advantage of Shockwave IVL: Safety

IVL Delivered Via a Low-Pressure Balloon Provides Exceptional Safety

Peripheral ¹		
85%	Severe Calcium	
Yes	Core Lab	
0%	Perforation	
0%	Embolization	
0%	Abrupt Closure/ Slow Flow	
1.7%	Bail-out Stenting	



Disrupt PAD II Study, data on file at company.
Disrupt CAD I Study, data on file at company.

Disrupt CAD III Trial – Enrollment Initiated

Multicenter, prospective, non-randomized trial (50 clinical sites in U.S. and Europe)

392 Pivotal Patients

Assessed Post Procedure and at 30 Days



The primary effectiveness endpoint is procedural success, which is defined as stent delivery with a residual stenosis of less than 50 percent and without in-hospital MACE. Enrolled study patients will be followed for two years.

FDA Approval of C²

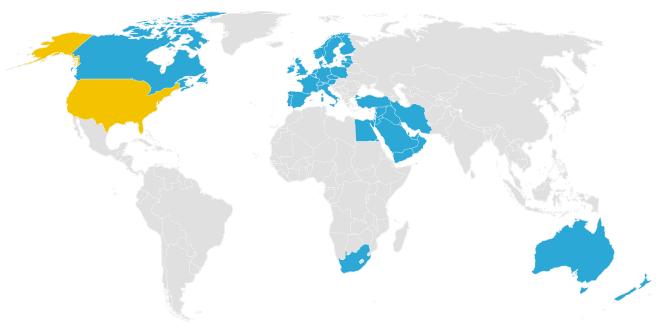
Commercialization Strategy

Two paths for growth: procedure share and expansion into new indications

United States

Mix of direct sales reps and clinical specialists

Low service burden enables cost efficient sales model



International

Commercial sales in 33 countries

Direct sales Germany, Austria and Switzerland

Distributors cover other European countries as well as Africa, ANZ, Asia, Canada and the Middle East

>60 sales and marketing professionals worldwide1

Similar Call Points for Vascular IVL Catheters Allowing Further Leverage of Field Sales Team

Multiple Catalysts for Growth



Peripheral

- Multiple publications
- ► Re-start PAD III
- ► PAD III clinical data
- ► S⁴ Launch
- Next-Gen M5
- ► LX launch



Coronary

- CAD II data
- Global expansion
- ► Complete CAD III enrollment
- ► CAD III data
- ► C2+ EU launch
- ► U.S. launch
- ► Japan launch
- ► C2+ U.S. launch



Valve

- ► Complete FIM3 study
- ▶ 6-month data from FIM3
- ► 1-yr data from FIM3

IVL Drives Economic Value for Hospitals



Time Savings



Procedure Savings



Hospital Savings

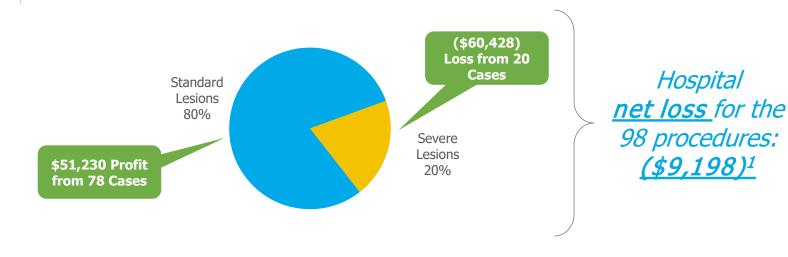
Severe lesions represent **20% of interventions**, but are very expensive to

treat...**resulting in a net** OSS

Reduced time required by physicians to understand and adopt our system

Reduced need for complex, risky and expensive procedures for additional devices and potential complications

Reduced costs associated with complications that lead to high supply costs and lower profitability



^{1.} Dartmouth-Hitchcock, "Lesion complexity drives the cost of superficial femoral artery endovascular interventions," J Vasc Surg. 2015 October; 62(4): 998–1002. 10.10.16/j.jvs.2015.04.450 and VIVA 2017 Presentation by Richard Powell "How Does Tracking Quality, Training, Experience and Outcomes Lower Procedural Costs Across Vascular Specialties?", Slides 15 & 17 - Information on loss is for illustrative purposes only; actual results & data may differ



Hospital

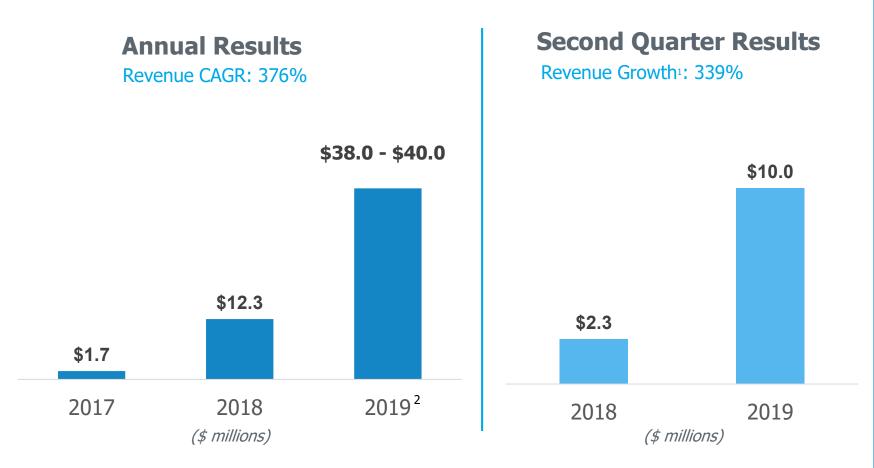
(\$9,198)¹

Operational Excellence

- Headquarters located in Santa Clara, CA
- European subsidiary in Germany
- Third party logistics provider based in the Netherlands
- 210+ employees¹
- Lean manufacturing expected to drive margin expansion
- 65+ manufacturing employees¹
- Specialized sales force fosters deep relationships
- Marketed products in 33 countries and growing
- Robust IP portfolio of 77 issued and 43 pending patents¹



Strong Financial Profile



¹ Unaudited financial results

Q2 2019 Performance

- 2Q 2019 revenue growth of over 339% year over year
- Increase in gross margin to 59% in 2Q 2019

2019 Expectations

• 2019 annual revenue guidance \$38.0M - \$40.0M²

² Represents the Company's publicly disclosed guidance as of August 5, 2019. This presentation should not be construed as an update to such guidance.

Growth Drivers

Advance Clinical Evidence

- Demonstrate that IVL is standard of care for calcified arteries
- Expand indications
- Improve economic story

Expand Commercial Capabilities

- Increase direct and distributor field sales organization
- Grow across indications and geographies
- Initiate broader Medical Affairs initiatives

Scale Business

- New products
- Increase interventional procedures by addressing unmet clinical needs
- Partnerships for mutually beneficial outcomes
- Scale efficiencies to improve profitability

Investment Highlights

ADDRESSES LARGE UNMET CLINICAL NEED

Advancing proprietary IVL System for multiple large **addressable markets totaling \$6B+**

Optimizes existing treatment with improved outcomes and **expands market** with superior, effective products

DIFFERENTIATED AND COST EFFECTIVE PLATFORM

Unique mechanism of action that cracks both medial and intimal calcium

Cost saving potential through reduced complications and minimal required time and training for physicians

STRONG PIPELINE

Ongoing clinical programs to **expand geographies and indications** and build a robust body of clinical evidence

Platform IVL **Technology leverageable** for new products to satisfy additional significant unmet clinical needs



We Crack Calcium