FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEF	FICIAL (OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* Godshall Douglas Evan						2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]									tionship o all applic Directo	cable)	ting Person(s) to Issuer		
(Last)	`	irst) MEDICAL, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024								X	Officer below)	(give title Presider	nt & (Other (s below) CEO	pecify
5403 BETSY ROSS DRIVE					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)					
(Street) SANTA CLARA CA 95054														X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						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.												
		Tab	le I - N	on-Deri	vativ	e Sec	curit	ies Ac	quire	d, Di	sposed o	f, or Be	neficia	lly (Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (<i>I</i> Disposed Of (D) (Instr. 3)	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code			v	Amount	(A) or (D)	Price		Transact (Instr. 3	tion(s)	ı(s) i 4)		(IIISU. 4)		
Common Stock 01/05/20				2024)24		M ⁽¹⁾		10,000	A	\$3.41	5 151,		1,057 D		D			
Common Stock 01/05/20				2024	024 S ⁽¹⁾			10,000	D	\$200.03	05 ⁽²⁾ 141		1,057		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable Expiration Date (Month/Day/Year)		ate	le and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		De	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Stock Option	\$3.416	01/05/2024			M ⁽¹⁾		10,000		(3)		05/09/2027	Common Stock 10,000			\$0	314,799		D	

Explanation of Responses:

- 1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 5/25/2023.
- 2. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$200.00 to \$200.29. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within such range.

3. Fully vested.

Remarks:

s/ Wade Estey, as attorney-infact for Douglas Godshall

01/08/2024

** 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.