FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* Toyloy Sara					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]										all app	onship of Reporting Pe Il applicable) Director		son(s) to Is	
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2023										Office	er (give title v)		Other (s below)	specify
C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person						
(Street) SANTA CLARA	C.A	A 9	5054		Rul	le 10)h5-	1(c)	Tran	nsac	tion Indi	icatio	n		Form Perso	filed by Mo	re than	One Repo	orting
(City)	(Sta	ate) (Z	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 - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execu //Year) if any		Deemed ution Date, / th/Day/Year)		Transaction Disposed (Code (Instr. 5)		s Acquired (A) o of (D) (Instr. 3, 4 a		and Securi Benefi Owned		ties cially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pri		e	Reported Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock 08/15/20					2023				S ⁽¹⁾		100	D	\$22	23.64	3,673			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)			tion Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable at Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: y Direct (D) or Indirec (I) (Instr.		Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	Date Expiration of		Numbe	r						

Explanation of Responses:

1. Shares were sold to cover the payment of taxes due in connection with the vesting of restricted stock units.

Remarks:

/s/ Wade Estey, as attorney-infact for Sara Toyloy

08/16/2023

** Signature of Reporting Person

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.