FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response	e: 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

1. Name and Address of Reporting Person* WATKINS FRANK T					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]							ck all appl	onship of Reporti all applicable) Director Officer (give title		10% Ov	ner			
	(Fir OCKWAVE TSY ROSS	MEDICAL, INC	fliddle)			3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022							below			Other (s below)	specify		
(Street) SANTA CLARA (City)	CA (Sta		5054 (ip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transac Date (Month/Da	Execution Date,		Date,	Transaction Disposed C		es Acquired (A) Of (D) (Instr. 3, 4		, 4 and Securi Benefi		ies ially Following	Form:	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Pr		rice	Transac	Fransaction(s) Instr. 3 and 4)			(111341. 4)	
Common	Stock			06/23/2	2022		A		994	A	A :	\$0.00	0.00 18,796			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. Deer Execution if any (Month/I			ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G F D o (I	0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share	.					

Explanation of Responses:

Remarks:

/s/ Wade Estey, as attorney-infact for Frank T. Watkins

06/27/2022

** 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.