FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington,	D.C.	20549

ANNUAL	STATEMENT	OF CHAN	IGES IN BE	ENEFICIAL

	OMB APP	ROVAL							
	OMB Number:	3235-0362							
	Estimated average burden								
1	hours per response	: 1.0							

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to Sec obligat Instruc	STATEMENT OF CHANGES IN BENEFIC					Estima			stimated average burden		ll.						
Form 3	Holdings Rep	orted.												L no	ours per r	esponse:	1.0
Form 4	1 Transactions	Reported.	Filed	d pursuant to S or Section 3	ection 0(h) c	16(a) of the I	of the	e Securit ment Co	ies Excha mpany Ad	ange Ac	t of 1934 40						
1. Name and Address of Reporting Person* MOLL FREDERIC H			2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]						ck all app	licable)	•		to Issuer % Owner				
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022						Officer (give title Other (specify below) below)							
5403 BE	151 KUSS	DRIVE		4 If Amenda	ment	Date o	of Orio	ninal File	d (Month)	/Day/Ye	ar)	6 Ind	lividual or	· Ioint/G	roup Fili	na (Check	Δnnlicable
(Street) SANTA CLARA	4. If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					son						
(City)	(Sta	ate) (Zip)														
		Table	l - Non-Deriva	ative Secui	ities	Acc	uire	ed, Dis	posed	of, or	Benefi	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Date	2A. Deemed Execution Date, if any (Month/Day/(Voar), 2)			4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)) or Dispos	Securities Beneficially			Ownership Form: Direct		7. Nature of Indirect Beneficial		
				(Month/Day/Year)		8)		Amoun	:	(A) or (D) Price			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indire	ct (I) (I	Ownership (Instr. 4)
Common Stock			09/01/2022		G			9,30	00(1)	D	\$0.00		283,418			D	
Common	Stock		09/01/2022		G			9,30	00(2)	D	\$0.00		274,118			D	
Common	Stock		09/01/2022			G		9,30)0(3)	D	\$0.00		264,818		D		
Common Stock			09/02/2022		G			33,9	60 ⁽⁴⁾	D	\$0.00		230,858		D		
Common Stock												33,960		I		MBL-2 foldings LC	
		Та	ble II - Derivat (e.g., pเ	ive Securit uts, calls, v									Owne	d			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction of Exp		Expi	xpiration Date		Am Sec Und Der Sec	Title and count of curities derlying vivative curity (Instind 4)	8. Price o Derivative Security (Instr. 5)		9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	ive ties cially ing ed ction(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exer	e rcisable	Expiration Date	on Titl	Amour or Numbe of Shares	er					

Explanation of Responses:

- 1. This transaction represents a gift of stock by the reporting person to one of his adult children.
- 2. This transaction represents a gift of stock by the reporting person to one of his adult children.
- 3. This transaction represents a gift of stock by the reporting person to the LVM 2022 Trust (the "Trust"), which is an irrevocable trust established for the benefit of one of his adult children. The reporting person is neither a trustee nor a beneficiary and he disclaims beneficial ownership of all securities owned by the Trust.
- 4. This transaction represents a contribution, for no consideration, of shares of the issuer's common stock to MBL-2 Holdings LLC, of which the reporting person is the sole managing member.

Remarks:

/s/ Wade Estey, as attorney in fact for Frederic H. Moll

02/14/2023

** 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.