FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number: 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

1. Name and Address of Reporting Person* Godshall Douglas Evan					2. Issuer Name <b>and</b> Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]								all app Direc	licable) tor	ng Person(s) to Is				
(Last)	(Fir	est) (MEDICAL, INC	Middle C.	)	3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023							X	Office	er (give title /)  Presiden	nt & C	Other (sbelow)	specify		
5403 BETSY ROSS DRIVE				4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) SANTA CLARA	CA	9	5054			Form filed by More 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 - N	on-Deriva	tive S	Secur	ities	Acc	quire	d, Dis	posed of	, or E	enefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Execution (Year)						4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)	
Common Stock 05/03/20			23				F		610	D	\$280.7	<sup>16(1)</sup> 14		142,263		D			
		Tal	ble II	- Derivati (e.g., pu							osed of, convertib				wne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, / tth/Day/Year)		Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying stive ity (Instr. 4)  Amount or Number	Deriv Secu	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	of Shares						

## Explanation of Responses:

1. All reported securities were sold at a price of \$280.76.

## Remarks:

/s/ Wade Estey, as attorney-infact for Douglas Godshall 05/05/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.