FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | . 20549 |
|-----------------|---------|
| | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* Zacharias Isaac | | | | | | 2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV] | | | | | | | | | all appli Directo Officer | cable) or (give title | g Person(s) to Iss 10% Ow Other (s | | ner |
|---|---|---|---|----------|------------------------------|--|---------------|------------------|--|---------|--|-----------------|--------------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| (Last) C/O SHO 5403 BE | | Date of /10/20 | | est Trai | nsaction | n (Mon | ith/Day/Year) | | X Officer (give title Officer below) Chief Commercial Officer | | | | | | | | | | |
| (Street) SANTA (City) | - | 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 Form filed by More than One Reporting Person | | | | | | | | | | | n | | | | | | |
| | | Tab | le I - I | Non-Deri | vative | Sec | urit | ies A | cquire | ed, D | isposed o | of, or B | enefici | ally (| Owned | ŀ | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | | 2A. Do Execu if any (Mont | ution | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | Benefi Owned | | es ially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock 06/10/202 | | | | | 020 | 20 | | M ⁽¹⁾ | | 4,000 | A | \$4.02 | 26 | 38,567 | | | D | | |
| Common Stock 06/10/202 | | | | | 020 | 20 | | S | | 4,000 | D | \$46.889 | 8899(2) 34 | | 34,567 | | D | | |
| | | Т | able | | | | | | • | , | sposed of , converti | , | | • | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Expira (Month | ation D | | | of es ing /e Security | De Se (Ir Security | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Ow Fo Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V (A) | | (D) | Date Exerci | isable | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |
| Employee Stock Option (Right to Buy) | \$4.026 | 06/10/2020 | | | M | | | 4,000 | (3 | 3) | 04/10/2028 | Common Stock | 4,000 | | \$0 | 111,540 |) | D | |

Explanation of Responses:

- 1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 9/4/2019.
- 2. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$46.72 to \$47.06. 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. Twenty-five percent of the shares subject to the option vested on 3/1/2019 and the balance of the shares are scheduled to vest in equal monthly installments thereafter for 36 months.

/s/ Trinh Phung, as attorney-in-

06/10/2020 fact for Isaac Zacharias ** 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.