FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 ar		2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]								Check	all appli Directo	nship of Reportinonship of Reportinonship of Reportinonship of Reportinonship of Reportinonship of Reportinonship of Reportinoship of Reportin		son(s) to Iss 10% Ov Other (s	vner					
(Last) C/O SHO 5403 BE		3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022									X Office (give title office) below) President, CCO									
(Street) SANTA (City)	CLARA CA	-	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X 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																				
1. Title of Security (Instr. 3) 2. Trans Date (Month/					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Inst				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(instr. 4)		
Common	10/26/2	2022	2022			M ⁽¹⁾		1,295	A	\$4.0)26	74	1,316		D					
Common Stock 10/26/20						022			M ⁽¹⁾		2,705	A	\$ 6 .	6.71		77,021		D		
Common Stock 10/26/20)22			S ⁽¹⁾		4,000	D	\$292.	\$292.44(2)		73,021		D		
		T	able II								posed of converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option	\$4.026	10/26/2022			M ⁽¹⁾			1,295	(3)		04/10/2028	Common Stock	1,29	5	\$0.00	9,222		D		
Stock	\$6.71	10/26/2022			M ⁽¹⁾			2,705	(4)		11/14/2028	Common	2,70	5	\$0.00	52,054		D		

Explanation of Responses:

- 1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 2/25/2022.
- 2. All reported securities were sold at a price of \$292.44.
- 3. Twenty-Five percent of the shares subject to this option vested on 3/1/2019 and the balance of the shares are scheduled to vest in equal monthly installments thereafter for 36 months.
- 4. Twenty-five percent of the shares subject to the option vested on 11/9/2019 and the balance of the shares are scheduled to vest in equal monthly installments thereafter for 36 months.

Remarks:

/s/ Wade Estey, as attorney in fact for Isaac Zacharias

10/27/2022

** 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.