UNITED STATES SECURITIES AND EXCHANGE COMMISSION Form 144 Filer Information Washington, D.C. 20549

Form 144

FORM 144

NOTICE OF PROPOSED SALE OF SECURITIES PURSUANT TO RULE 144 UNDER THE SECURITIES ACT OF 1933

144: Filer Information

Filer CIK 0001768265 Filer CCC XXXXXXXX Is this a LIVE or TEST Filing? IIVE TEST Submission Contact Information

Name Phone E-Mail Address

144: Issuer Information

Name of Issuer Shockwave Medical, Inc. SEC File Number 001-38829 5403 BETSY ROSS DRIVE SANTA CLARA Address of Issuer CALIFORNIA 95054 Phone (510) 279-4262 Name of Person for Whose Account the Securities are To Be Sold Zacharias Isaac

See the definition of "person" in paragraph (a) of Rule 144. Information is to be given not only as to the person for whose account the securities are to be sold but also as to all other persons included in that definition. In addition, information shall be given as to sales by all persons whose sales are required by paragraph (e) of Rule 144 to be aggregated with sales for the account of the person filing this notice.

Relationship to Issuer

144: Securities Information

Title of the Class of Securities To Be Sold	Name and Address of the Broker	Number of Shares or Other Units To Be Sold	Aggregate Market Value		Approximate Date of Sale	Name the Securities Exchange
COMMON	MERRILL LYNCH,PIERCE, FENNER & SMITH INC 225 LIBERTY STREET 41ST FLOOR NEW YORK NY 10281	4000	783640.00	36750397	09/26/2023	NASDAQ

Furnish the following information with respect to the acquisition of the securities to be sold and with respect to the payment of all or any part of the purchase price or other consideration therefor:

144: Securities To Be Sold

Title of the Date you Nature of Name of

Date of

Officer

Class	Acquired	Acquisition Transaction	Person from Whom Acquired	this Donor a Acquire Gift?		Payment Payment *
COMMON	12/22/2021 (STOCK OPTION CASH PURCHASE	ISSUER		3457	09/26/2023 CASH
COMMON	09/09/2023 \$	STOCK BONUS	ISSUER		543	09/26/2023 CASH

* If the securities were purchased and full payment therefor was not made in cash at the time of purchase, explain in the table or in a note thereto the nature of the consideration given. If the consideration consisted of any note or other obligation, or if payment was made in installments describe the arrangement and state when the note or other obligation was discharged in full or the last installment paid.

Furnish the following information as to all securities of the issuer sold during the past 3 months by the person for whose account the securities are to be sold.

144: Securities Sold During The Past 3 Months

Name and Address of Seller	Title of Securities Sold	Date of Sale	Amount of Securities Sold	Gross Proceeds
ISAAC ZACHARIAS C/O SHOCKWAVE MEDICAL 5403 BETSY ROSS DRIVE SANTA CLARA CA 95054	SWAV	08/25/2023	4000	819748.09
ISAAC ZACHARIAS C/O SHOCKWAVE MEDICAL 5403 BETSY ROSS DRIVE SANTA CLARA CA 95054	SWAV	07/26/2023	4000	1072066.07
ISAAC ZACHARIAS C/O SHOCKWAVE MEDICAL 5403 BETSY ROSS DRIVE SANTA CLARA CA 95054	SWAV	06/26/2023	4000	1167185.31

144: Remarks and Signature

Remarks	Sale according to 10b5-1 Plan. Plan initially adopted on 2/25/2022 and amended on 5/23/2022.
Date of Notice	09/25/2023
Date of Plan Adoption or Giving of Instruction, If Relying on Rule 10b5-1 <i>ATTENTION:</i>	02/25/2022

The person for whose account the securities to which this notice relates are to be sold hereby represents by signing this notice that he does not know any material adverse information in regard to the current and prospective operations of the Issuer of the securities to be sold which has not been publicly disclosed. If such person has adopted a written trading plan or given trading instructions to satisfy Rule 10b5-1 under the Exchange Act, by signing the form and indicating the date that the plan was adopted or the instruction given, that person makes such representation as of the plan adoption or instruction date.

Signature

Isaac Zacharias

ATTENTION: Intentional misstatements or omission of facts constitute Federal Criminal Violations (See 18 U.S.C. 1001)