FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP ... 0

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

mstruc	tion 1(b).			Filed			o(h) of the In					934					
Name and Address of Reporting Person* Sainz Maria					2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [SWAV]							heck all app	ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O SHOCKWAVE MEDICAL, INC. 5403 BETSY ROSS DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022					1	belov	Officer (give title below)			Other (specify below)	
(Street) SANTA CLARA	CA	A 9	5054		4. If Ai	mendm	nent, Date of	f Origina	I Filed	I (Month/Da	y/Year)		ne) X Form	r Joint/Grou n filed by On n filed by Mo on	e Rep	porting Pers	on
(City)	(Sta	ate) (2	Zip)														
		Table	I - Nor	n-Deriva	tive S	ecuri	ities Acq	uired,	Disp	osed of	, or Ber	nefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (AD) (Instr. 3, 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Transa	ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/23/2					2022			A		994	A	\$0.0	5,966		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transac Code (II 8)	ction nstr.	of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Wade Estey, as attorney-infact for Maria Sainz

Amount or Number

Shares

06/27/2022

** 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).

Code

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.

and 5)

(A) (D) Date

Exercisable

Expiration Date

Know all by these presents, that the undersigned hereby constitutes and appoints each of Douglas Godshall, Daniel Puckett, Trinh Phung and Wade Estey as the undersigneds true and lawful attorneys—in—fact to:

- (1) execute for and on behalf of the undersigned, in the undersigneds capacity as a reporting person pursuant to Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and the rules thereunder of Shockwave Medical, Inc. (the "Company"), Forms 3, 4 and 5 in accordance with Section 16(a) of the Exchange Act;
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and timely file such form with the United States Securities and Exchange Commission and stock exchange or similar authority; and
- (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of any of such attorneys-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by any of such attorneys-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as any of such attorneys-in-fact may approve in the discretion of any of such attorneys-in-fact.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that any of such attorneys-in-fact, or the substitute or substitutes of any of such attorneys-in-fact, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigneds responsibilities to comply with Section 16 of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigneds holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this $24 \, \text{th}$ day of June 2022.

Signature: /s/ Maria Sainz Print Name: Maria Sainz