SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20549	OMB APPROVAL		
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 19 or Section 30(h) of the Investment Company Act of 1940		OMB Number: Estimated average burn hours per response:	3235-0287 den 0.5
1. Name and Address of Reporting Person <sup>*</sup> Zacharias Isaac	2. Issuer Name and Ticker or Trading Symbol Shockwave Medical, Inc. [ SWAV ]	(Check all applicat Director	10% C ive title Other	Owner (specify
(Last)(First)(Middle)C/O SHOCKWAVE MEDICAL, INC.5403 BETSY ROSS DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2021	below)	below Commercial Office	

(Street) SANTA CLARA	CA	
(City)	(State)	

95054

(Zip)

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)						7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150. 4)
Common Stock	09/15/2021		S <sup>(1)</sup>		100	D	\$218.32 <sup>(2)</sup>	59,320	D	
Common Stock	09/15/2021		S		1,101	D	\$220.15 <sup>(3)</sup>	58,219	D	
Common Stock	09/15/2021		S		2,699	D	\$221.04(4)	55,520	D	
Common Stock	09/15/2021		S		100	D	\$221.81(5)	55,420	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. All transactions reported here were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on 5/14/2021.

2. The reported securities were sold at a price of \$218.32

3. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$219.46 to \$220.45. 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.

4. The price reported in Column 4 is a weighted average price. The reported securities were sold in multiple transactions at prices ranging from \$220.62 to \$221.50. 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.

5. The reported securities were sold at a price of \$221.81

<u>/s/ Wade Estey, as attorney in</u> <u>0</u> fact for Isaac Zacharias

09/16/2021

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

Line)

Х

Person

\*\* 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.