

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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 and Address of Reporting Person <u>Buchanan Lucas W.</u>  (Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE  (Street) SUNNYVALE CA 94089  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Silk Road Medical Inc [ SILK ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <p style="text-align: center;"><b>COO/CFO</b></p>
	3. Date of Earliest Transaction (Month/Day/Year) 11/09/2022	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	11/09/2022		M <sup>(1)</sup>		200	A	\$1.6	176,727	D	
Common Stock	11/09/2022		S <sup>(1)</sup>		200	D	\$50	176,527	D	
Common Stock	11/11/2022		M <sup>(1)</sup>		24,800	A	\$1.6	201,327	D	
Common Stock	11/11/2022		S <sup>(1)</sup>		24,800	D	\$50	176,527	D	
Common Stock								13,518	I	Buchanan Grandchildren's Irrevocable Trust <sup>(2)</sup>

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Option (right to buy)	\$1.6	11/09/2022		M <sup>(1)</sup>			200	12/03/2015 <sup>(3)</sup>	12/03/2025	Common Stock	200	\$0	130,209	D	
Option (right to buy)	\$1.6	11/11/2022		M <sup>(1)</sup>			24,800	12/03/2015 <sup>(3)</sup>	12/03/2025	Common Stock	24,800	\$0	105,409	D	

**Explanation of Responses:**

- The option exercise and sale reported on this Form 4 were effected pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on June 13, 2022.
- These shares are held directly by the Buchanan Grandchildren's Irrevocable Trust, for which the Reporting Person serves as a co-trustee.
- All of the shares subject to this option are fully vested and exercisable as of the date hereof.

**Remarks:**

/s/Mhairi Jones, by power of attorney 11/14/2022  
 \*\* 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.