SEC For		_				~ ~ -								~~~~						
FORM 4 UNITED STA							=Cl		ES A			OMN	ISSION	Ī	OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					iled pu	rsuant	to Se	ction 16	(a) of the	e Secu	TITIES Exc		SHIP	- 11	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person* <u>Rogers Erica J.</u>					2.	Issuer	.,	cker or T	rading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE						Date o 5/11/2	iest Trar	saction	(Month	n/Day/Ye		X Officer (give title Other (specify below) below) President and CEO								
(Street) SUNNYVALE CA 9408				089	— 4. —	If Ame	ent, Date	of Origin	nal File	ed (Mont		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip) Table I - Non-Deriva								+: A		4 5										
1. Title of Security (Instr. 3)			Jie	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		e, 3. Co	3. Transaction Code (Instr.		curities	Acqui	red (A) or str. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	ct Indirec ect Benefi Owner	Ownership (Instr.	
								Co	de V	Amo	Amount (/		or Price		Reported Transaction(s) (Instr. 3 and 4)			4)		
Common Stock				05/11/202	0			M	1)	8	358	Α	\$1	.38	111,779		D			
Common Stock				05/11/2020				S (1)	8	858		\$37.6	5297 ⁽²⁾	110,921		D			
Common Stock 05				05/11/202)			M	1)	19	,186 A		\$1	.38	130,107		D			
Common Stock 05/			05/11/202	0			S ⁽	1)	19	,186	D	\$37.6	5297 ⁽²⁾	110,921		D				
Common Stock															83,843		I	The		
			Tab	ole II - Deriv (e.g.,									or Bene le secu		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		umber ivative urities uired or oosed O) (Instr. and 5)	6. Date Expira (Month	tion Da	Date		7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		Derivative Security	deri Sec Ben Owr Foll Rep Tra	ivative surities neficially	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expirat Date	tion	Title	Amoun or Numbe of Shares	ber					
Option (right to buy)	\$1.38	05/11/2020			M ⁽¹⁾	858 11/23/2		2012 ⁽⁴⁾	2 ⁽⁴⁾ 12/14/2022		Common Stock	858 \$0			82,988	D				
Option (right to buy)	\$1.38	05/11/2020			M ⁽¹⁾	(1)		19,186	11/23/2	2012 ⁽⁴⁾	12/14/2	2022	Common Stock	19,18	6 \$0		63,802	D		

Explanation of Responses:

1. 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 September 5, 2019.

2. This transaction was executed in multiple trades at price ranging from \$37.13 to \$38.16. The price reported above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

3. These shares are held directly by Kevin J. Surace and Erica J. Rogers, as Trustees of The Surace Rogers Family Trust.

4. 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 <u>attorney</u>

05/13/2020

** 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.