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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nuc. See		Filed							es Exchang npany Act o		1934			nours	per r	esponse:	0.5	
1. Name and Address of Reporting Person* WEATHERMAN ELIZABETH H					2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK]											cer (give title		erson(s) to I		
(Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2021									Office below	Other (specify below)					
1213 INNSBRUCK DRIVE (Street) SUNNYVALE CA 94089 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 06/02/2021								5. Indiv Line) X	'					
		Table	I - Noı	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or Be	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Day/Year) if an		A. Deemed kecution Date, any Ionth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		ies Acquired (A Of (D) (Instr. 3		or and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				(msu. 4)	
Common Stock 05/28				05/28/2	2021			S ⁽¹⁾⁽²⁾		33,000	D	\$	50	24	243,038		D			
		Tal									osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disport of (D	r osed) r. 3, 4 5)	6. Date Exerc Expiration Da (Month/Day/Y		te ear)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficia Ownership (Instr. 4)		

Explanation of Responses:

- 1. The original Form 4, filed on June 2, 2021, is being amended by this Form 4 solely to correct an administrative error, which misreported the sale as Transaction Code "D."
- 2. The sale reported on this Form 4 was effected pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on March 11, 2021.

Remarks:

/s/Mhairi Jones, by power of attorney

06/03/2021

** 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.