FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/10
vvasiiiigtori,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response:	0.5								

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

Name and Address of Reporting Person* Davis Andrew S.						2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK]									all applic Directo Officer	onship of Reporting Pers all applicable) Director Officer (give title		10% Owner Other (specify	
	`	MEDICAL, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020									below) Chi	below) l Officer			
(Street) SUNNYVALE CA 94089							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3		(Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y)					tion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1)			I (A) or	5. Amount of		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transac	ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 10/01/202					2020				M ⁽¹⁾		6,635	Α	\$1.	46	26,437			D	
Common Stock 10/01/202									S ⁽¹⁾		6,635	D	\$65.59	9 74 ⁽²⁾	4(2) 19,802		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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		rity D S	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber					
Option (right to buy)	\$1.46	10/01/2020			M ⁽¹⁾			6,635	05/05/2	2016 ⁽³⁾	06/23/2025	Commo Stock		35	\$0	59,273		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 11, 2019.
- 2. This transaction was executed in multiple trades at price ranging from \$64.89 to \$66.47. 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. 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

10/02/2020

** 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.