SEC For								_													
FORM 4 UN				NITED ST	NITED 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).					-iled pu	rsuant	ion 16(a	i) of the	Secur	<b>NEFI</b> rities Exc ompany		CMB Number: 3233 Estimated average burden hours per response:			3235-0287 0.5						
1. Name and Address of Reporting Person <sup>*</sup> <u>Rogers Erica J.</u>					2.	Issuer	Name	,	ker or Ti	rading	Symbol		Relationship o heck all applica X Director	able) r		10% Ow	to Issuer 0% Owner 0ther (specify				
(Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE				ldle)		3. Date of Earliest Transaction (Month/Day/Year) 08/11/2022									X Officer (give title Other (specify below) below) President and CEO				pecny		
(Street) SUNNYVALE CA 940				)89	_   4. _	4. If Amendment, Date of Original Filed (Month/Day/Year)									<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>						
(City)	(S	itate)	(Zip	, 																	
Date				2. Transaction	n 2A. Dee Executi		ned n Date,	3. Tran Code	3. Transaction Code (Instr.		4. Securities Acqu Disposed Of (D) (I		ired (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Owners Form: Dire (D) or Indir (I) (Instr. 4)	ect Indirec rect Benefic ) Owners	Indirect		
								Code	• V	Amo	ount	(A) oi (D)	r Price		Transaction(s (Instr. 3 and 4			.,			
Common Stock				08/11/202	2			<b>M</b> <sup>(1)</sup>	)	10,000	,000	00 A	\$1.6		256,199		D				
Common Stock			08/11/2022				<b>S</b> <sup>(1)</sup>		10	,000	D	\$48.5957 <sup>(2)</sup>		246,199		D					
Common Stock															83,843		I	Trusto The Surac Famil Trusto	e/Rogers y		
			Tab	ole II - Deriv (e.q.,									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)	3A. Deemed Execution Date, if any		4. Transa Code 8)	action	5. Nur of Deriva Secur Acqui (A) or Dispo of (D) 3, 4 ar	nber ative ities red sed (Instr.	er 6. Date Expirati e (Month/ s i str.		Exercisable and on Date Day/Year)		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		unt 8. Price of Derivative Security		lumber of ivative surities neficially ned lowing borted nsaction(s) str. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (	D)	Date Exercis	able	Expirat Date		Title	Amount or Number of Shares	nber						
Option (right to buy)	\$1.6	08/11/2022			<b>M</b> <sup>(1)</sup>			10,000	09/04/2	016 <sup>(4)</sup>	08/04/2	2026	Common Stock	10,000	) \$0		82,654	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 August 20, 2021.

2. This transaction was executed in multiple trades at price ranging from \$47.70 to \$49.33. 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 attorney

08/15/2022

\*\* 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.