FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 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

								( ) -											
1. Name and Address of Reporting Person* <u>Davis Andrew S.</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol Silk Road Medical Inc [ SILK ]									ip of Reporting Person(s) to Is plicable)			wner
	ast) (First) (Middle) O SILK ROAD MEDICAL, INC. INNSBRUCK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2019									below)	er (give title Other (spe v) below) PGlobal Sales& Marketing			
(Street) SUNNYVALE CA 94089					_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									fual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City) (State) (Zip)																			
		Tal	ole I - N	lon-Der	ivativ	e Se	curi	ties A	cquire	d, D	isposed o	of, or B	enefici	ally C	wned	l l			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Exe ) if ar	ıy	ed n Date, ay/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefi Owned Report Transa		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 11/20/20						19			M <sup>(1)</sup>		6,635	A	\$1.4	6	18	8,925	D		
Common Stock 11/20/20					2019	19			S <sup>(1)</sup>		6,635	D	\$35.99	39 <sup>(2)</sup>	12	2,290	D		
Common Stock 11/20/20						19		A <sup>(3)</sup>		1,250	A \$17		7	13,540		D			
		-	Table II								posed of, convertil			y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ar) if any	med on Date, Day/Year)	4. Transa Code ( 8)		on of		6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	r					
Option (right to buy)	\$1.46	11/20/2019			M <sup>(1)</sup>			6,635	05/05/20	016 <sup>(4)</sup>	06/23/2025	Commor Stock	6,635		\$0	132,258		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 \$35.45 to \$37.12. 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 were acquired under the Issuer's Employee Stock Purchase Plan in a transaction exempt under Rule 16b-3(c).
- 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

11/22/2019

attorney

\*\* 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.