# FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasilington,	D.C.	20070

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:								
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* WEATHERMAN ELIZABETH H					2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [ SILK ]								ationship of k all applical Director	n(s) to Issue 10% Ow					
	K ROAD N	First) MEDICAL, INC.	(Middle)		3. Date 04/08/	st Transac	ction (Month/Day/Year)					Officer (g below)	jive title		Other (s below)	pecify			
(Street)	NSBRUCK 	CA	94089		4. If Amendment, Date of O				Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(City)	(	State)	(Zip)	-									Form filed by More than One Reporting Person						
		7	able I - Non-	Deriva	tive S	ecurit	ies Acq	uired,	Dis	oosed of	, or Ben	eficially	Owned						
[		Transac ate Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securitie Disposed (	es Acquired Of (D) (Instr.		5. Amount Securities Beneficiall Owned Fo	i lly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an	n(s) d 4)			Instr. 4)		
Common	Stock			04/08/2	2019			С		163,880	) A	(1)	<del>-                                     </del>		D				
Common	Stock			04/08/2	2019			С		40,970	A	(1)	275,394			D			
			Table II - De							osed of, o			wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	conversion Date Execution Date, if any (Month/Day/Year) Reprivative				5. Number o Derivative Securities Acquired (A) Disposed of (Instr. 3, 4 ar		ve Expiration Date ces (Month/Day/Year) L L (d (A) or L C (D) (		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A) (D) Date Expiration Date Title Of Shares		Reported Transaction(s) (Instr. 4)											
Series C Preferred Stock	(1)	04/08/2019					162.000	(1)			Common				D				
		01/00/2019		C			163,880	(1)		(1)	Stock	163,880	\$0	0					
Series C Preferred Stock Warrant (Right to buy)	\$6.11	04/08/2019		X <sup>(2)</sup>			40,970	(3)		10/13/2023		40,970	\$0 \$0	0		D			
Preferred Stock Warrant (Right to	<b>\$</b> 6.11					40,970					Stock				70				

### **Explanation of Responses:**

- 1. The Series C Preferred Stock automatically converted into Common Stock on a 1:1 basis immediately prior to the completion of the Issuer's initial public offering of Common Stock and had no expiration date.
- 2. The Reporting Person paid cash to exercise this warrant to purchase shares of the Issuer's Series C Preferred Stock.
- 3. All of the shares subject to the warrant are fully exercisable as of the date hereof.

#### Remarks:

/s/ Mhairi Jones, by power of <u>attorney</u>

04/10/2019

\*\* 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.