| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | | Washington, D.C. 20040 | | OMB A | PPROVAL |
|-----------------------------|--|-----------------------|--|--|--------------------------------|-------------------------------------|
| to Section 16 | ox if no longer subje 6. Form 4 or Form 5 nay continue. <i>See</i> (b). | ct STATEN | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 | OMB Number: Estimated aver hours per respo | 0 | |
| 1. Name and Ad Davis And | ldress of Reporting rew S. | 9 Person [*] | 2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK] | (Check all applied Directo | or | 10% Owner |
| (Last) C/O SILK RO | (First) DAD MEDICA | (Middle) L, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023 | A below) | (give title ef Commercial (| Other (specify below) Officer |
| 1213 INNSB | RUCK DRIVE | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or J Line) | Joint/Group Filing (| Check Applicable |
| (Other et) | | | | X Form fi | iled by One Report | ing Person |
| (Street) SUNNYVAL | E CA | 94089 | | Form fi Person | iled by More than C 1 | One Reporting |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | | | |
| | | | Check this box to indicate that a transaction was made pursuar satisfy the affirmative defense conditions of Rule 10b5-1(c). See | tion or written plan th | nat is intended to | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 09/15/2023 | | A | | 121,519(1) | Α | \$ <mark>0</mark> | 231,053 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | 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 Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The reported securities are represented by restricted stock units ("RSUs"), each of which represents a contingent right to receive one share of SILK common stock. 25% of the shares shall vest on September 15, 2024 and each one-year anniversary thereafter, subject to the Reporting Person continuing as a service provider through each such date.

Remarks:

/s/Mhairi Jones, by power of attorney.

09/15/2023

** 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.