FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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	UF	CHANGES	11.7	DENEFICIAL	OWNERSHIP

	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* Jones Marie L. (Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC.						2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK]											icable) or	ing Person(s) to Is		Owner
						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023										below	Officer (give title pelow) CAO and		Other (s below) Finance	ecify
1213 INNSBRUCK DRIVE																6. Individual or Joint/Group Filing (Check Applicable ine)				
(Street)	VALE C.	A	94089			X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																		
						satisf	y the a	affirmati	ve d	efense cor	ditio	ns of Rule 1	10b5-1(c). See	Instructi	on 10.		- pian		
		Tab	le I - No	n-Deriv	ative	Sec	curit	ies A	cq	uired, I	Dis	posed o	of, or l	3en	eficial	ly Owne	d			
			2. Transa Date (Month/I	h/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		<i>'</i>	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic	es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A (D) or)	Price	Transac (Instr. 3	tion(s)	ion(s)		(111341. 4)
Common Stock 05				05/19	/2023	2023				A ⁽¹⁾	V	506	A \$26		\$26.1	7 46	46,002		D	
Common Stock 07/20					/2023					M		2,000)	A	\$6.13	L 48	3,002		D	
		Т										osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,		ransaction ode (Instr.		of E		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate kercisable		expiration pate	Title		Amount or Number of Shares					
Option (right to	\$6.11	07/20/2023			M			2,000	02	2/22/2019 ⁽²	0	9/23/2028	Comm Stock		2,000	\$0	8,031		D	

Explanation of Responses:

- 1. These shares were acquired under the Issuer's Employee Stock Purchase Plan in a transaction exempt under Rule 16b-3(c).
- $2. \ All \ of the \ shares \ subject \ to \ the \ option \ are \ fully \ vested \ and \ exercisable \ as \ of \ the \ date \ hereof.$

Remarks:

<u>/s/Jones, Marie L</u>

07/21/2023

** 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.