FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL 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* Rogers Erica J.						2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	`	IEDICAL, INC.	(Mid	dle)		3. Date of Earliest Transaction (Month/Day/Year) 04/11/2022								X Officer (give title Other (specify below) President and CEO								
(Street) SUNNY (City)			940 (Zip)		4. 	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tak	le	l - Non-Der	ivativ	/e Se	curi	ties	Acq	uirec	l, Dis	spose	d of,	or Ben	eficia	ally	Owned					
Da			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code		ansaction ode (Instr.							Amount of ecurities eneficially wned Follow	ring	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	ct Indire	7. Nature of Indirect Beneficial Ownership (Instr.		
									Code	v	Amount (A) (D)		(A) or (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)				*'	•	
Common Stock				04/11/202	2				M ⁽¹⁾	П	30,000 A		A	\$1	\$1.6		275,649		D			
Common Stock 0			04/11/202	2						30	0,000 D		\$43.3	\$43.3724(2)		245,649		D				
Common Stock																	83,843		I	The Sura Fam	Trustees of The Surace/Rogers Family Trust ⁽³⁾	
			Tab	ole II - Deriv (e.g.,										or Bene le secui			Owned	<u>'</u>		,	,	
Derivative Conversion Date Execution Date, Ti Security or Exercise (Month/Day/Year) if any C						sansaction of Derivative Securititic Acquirer (A) or Dispose of (D) (Ir 3, 4 and			e (f s	xpiration	Exercisable and on Date Day/Year) The property of Securities and A of Securities Underlying Derivative Se (Instr. 3 and 4)			es J Securit	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D))ate Exercisa	ible	Expiration Date		Title	Amour or Number of Shares	er						
Option (right to buy)	\$1.6	04/11/2022			M ⁽¹⁾			30,0	000 0	9/04/20	16 ⁽⁴⁾	08/04/2	026	Common Stock	30,00	00	\$0	1	122,654	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 \$42.80 to \$44.44. 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

04/13/2022

** 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.