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									
h	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

							50,	, 3												
1. Name and Address of Reporting Person* Davis Andrew S.					2. <u>Si</u>	2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify						
	,	MEDICAL, INC.	(Middle)	ı		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023							X	below)		iercia	below)	ресіту		
(Street) SUNNY (City)			94089 (Zip)		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	′					
		Tab	ole I - N	Non-Deri	vativ	e Sec	curit	ies A	cauire	d. D	isposed o	f. or B	enefic	ially	Owned					
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	tion	n 2A. E Exec (ear) if any		. Deemed ecution Date,		ction Instr.	4. Securities	Acquired (A) or (D) (Instr. 3, 4 and			5. Amou Securitie Benefici	int of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 03/01/20					2023	23		M ⁽¹⁾		5,939	A	\$4	.73	104,144			D			
Common Stock 03			03/01/2	.023				S ⁽¹⁾		5,939	D	\$48.0	189(2)	98	98,205		D			
Common Stock 03/01/2				2023	23		M ⁽¹⁾		814	A	\$4.73		99,019			D				
Common Stock 03/01/20			2023	23		S ⁽¹⁾		814	D	\$ 48.0189 ⁽²⁾		98,205			D					
		-	Table I								posed of, , convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber						
Option (right to buy)	\$4.73	03/01/2023			M ⁽¹⁾			5,939	09/01/2	017 ⁽³⁾	11/30/2027	Commo	n 5,9	39	\$0	48,926	5	D		

Explanation of Responses:

\$4 73

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 May 20, 2022.

 $M^{(1)}$

2. This transaction was executed in multiple trades at price ranging from \$47.37 to \$48.76. 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.

814

04/04/2021(3)

11/30/2027

3. All of the shares subject to this option are fully vested and exercisable as of the date hereof.

03/01/2023

Remarks:

Option

(right to

buy)

/s/Mhairi Jones, by power of attorney

814

Stock

03/02/2023

26 270

D

irectly.

** Signature of Reporting Person Date

\$0

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.