| SEC Form 4 | |
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| FORM | 4 |
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Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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| | | | of Section So(ii) of the investment Company Act of 1940 | | | | | | |
|--|---|-----------------|--|---|--|-----------------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| <u>Rogers Erica</u> | <u>J.</u> | | | X | Director | 10% Owner | | | |
| (Last) C/O SILK ROA 1213 INNSBRU | (First) (Middle) AD MEDICAL, INC. UCK DRIVE | | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2019 | - X | Officer (give title below) President and | Other (specify below) | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SUNNYVALE | CA | 94089 | | X | Form filed by One Rep Form filed by More that | ° | | | |
| (City) | (State) | (Zip) | | | Person | | | | |
| | | Table I - Non-D | Derivative Securities Acquired, Disposed of, or Benef | ficially (| Dwned | | | | |

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) | e, Transaction Code (Instr. | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|--------------------------------|---|----------------------------------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (eigi, puto, ouris, 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) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Employee Stock Option (Right to buy) | \$20 | 04/03/2019 | | A | | 302,962 | | (1) | 04/03/2029 | Common Stock | 302,962 | \$0 | 302,962 | D | |

Explanation of Responses:

1. One forty-eighth of the shares subject to the option shall vest on May 3, 2019 and each month thereafter, subject to the Reporting Person continuing as a service provider through each such date. **Remarks:**

/s/ Mhairi Jones, by power of

attorney

04/05/2019

** 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.