FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person*  Buchanan Lucas W.					2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [ SILK ]									Check all app Dire	olicab ctor	,	on(s) to Issu 10% Ow Other (s	/ner	
(Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2020									X Officer (give title Other (specify below)  Chief Financial Officer					
(Street) SUNNYVALE CA 94089  (City) (State) (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					
		Tab	le I - Non-Deri	ivativ	e Sec	curit	ies A	cquire	ed, Di	sposed	of	, or Ber	nefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Exe	2A. Deemed Execution Date, if any (Month/Day/Yea		Code	saction (Instr.	4. Securities Acqui Disposed Of (D) (In		quire (Ins	ired (A) or 1str. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Followin		6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t Indirect				
							Code	v	Amou	ınt (A	) or )	Price		Transaction (Instr. 3 and					
Common Stock		09/17/2020				M <sup>(1)</sup>		9,6	500	A	\$4.7	73	120,627		D				
Common	n Stock 09/17/2020							9,6	500	D	\$67.32	213(2)	111,027		D				
Common Stock													13,518	13,518		Grando Irrevoc	Buchanan Grandchildren's Irrevocable Trust <sup>(3)</sup>		
		1	able II - Deriv (e.g.,							posed c					i				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any		Transaction Code (Instr.		rative rative rities rired rosed ) r. 3, 4	Expirat	Exercisable and ion Date /Day/Year)			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Number of erivative ecurities eneficially byned ollowing eported ransaction(s) nstr. 4)	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	Expiratio Date		Title	Amou or Numb of Shares	er					
Option (right to	\$4.73	09/17/2020		M <sup>(1)</sup>			9,600	09/01/2	2017 <sup>(4)</sup>	11/30/202	27	Common Stock	9,60	0 \$0		61,650	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 September 5, 2019.
- 2. This transaction was executed in multiple trades at price ranging from \$66.72 to \$68.05. 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 the Buchanan Grandchildren's Irrevocable Trust, for which the Reporting Person serves as a co-trustee
- 4. One forty-eighth of the shares subject to the option shall vest on September 1, 2017 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 <u>attorney</u>

09/18/2020

\*\* 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.