SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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| hours per response: | 0.5 |
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| 1 I Maine and Address of Reporting Feison | | | 2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK] | | ationship of Reporting Per < all applicable) Director | son(s) to Issuer 10% Owner |
|---|--------------------------------------|----------------|--|-----------------------|--|--|
| (Last) C/O SILK ROA 1213 INNSBRU | (First) D MEDICAL, IN CK DRIVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2019 | - X | Officer (give title below) EVP Clin & Reg. Af | Other (specify below) fairs and QA |
| (Street) SUNNYVALE (City) | CA (State) | 94089 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) X | vidual or Joint/Group Filin Form filed by One Rep Form filed by More tha Person | orting Person |

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) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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) | |
| Common Stock | 05/08/2019 | | М | | 27,777 | A | \$1.6 | 27,847 | Ι | By spouse | |
| Common Stock | 05/08/2019 | | м | | 2,222 | A | \$1.6 | 30,069 | I | By spouse | |
| Common Stock | | | | | | | | 387 | D | | |

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

| | (cigi, puis, cans, warrants, 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) | | n of | | 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 Transaction(s) (Instr. 4) | 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 | | | | |
| Employee Stock Option (Right to buy) | \$1.6 | 05/08/2019 | | М | | | 27,777 | (1) | 09/24/2024 | Common Stock | 27,777 | \$0.00 | 0 | I | By spouse |
| Employee Stock Option (Right to buy) | \$1.6 | 05/08/2019 | | М | | | 2,222 | (1) | 12/03/2025 | Common Stock | 2,222 | \$0.00 | 0 | I | By spouse |

Explanation of Responses:

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

Remarks:

<u>/s/ Mhairi Jones, by power of attorney</u>

05/09/2019

** 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.