Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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|--|---|--|---|---------|------------------------------|--|--------------------|---------|--|-------------------|---------------------|-----------|--|--|---|--|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* Anderson Rick D | | | | | | 2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [SILK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Anders | on Kick | <u>D</u> | | | 1 | | | | | . [| | | | | X Directo | or | | 10% O | wner | |
| (Last) 1213 INI | ` | (First) (Middle) BRUCK DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2020 | | | | | | | | | Officer below) | (give title | | Other (below) | specify | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | 0.4000 | | | | | | | | | | | - 1 | , | iled by One | e Repo | orting Perso | on | |
| SUNNY | VALE C | CA | 94089 | | | | | | | | | | | | | iled by Mor | | One Repo | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Nor | า-Deriv | ativ | e Se | curitie | s A | cquired | l, Dis | posed o | of, or | Ben | eficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | | 5. Amou Securitie Beneficia Owned F Reported | s Form | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) Pr | | Transact | Transaction(s) (Instr. 3 and 4) | | | (IIISU. 4) | |
| | | | Table II - | | | | | | | | osed of converti | | | | Owned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, 1 | 4. Transa Code (3) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | |) | Amount of | | Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e (Caracter Caracter | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | - 1 | Amount or Number of Shares | | | | | | |
| Option (right to buy) | \$69.78 | 11/05/2020 | | | A | | 887 ⁽¹⁾ | | 12/05/20 | 20 ⁽²⁾ | 11/05/2030 | Com | | 887 | \$0 | 887 | | D | | |

Explanation of Responses:

- 1. The shares subject to the options represent cash retainer that the Reporting Person elected to receive in the form of stock options.
- 2. One third of the shares subject to the option shall vest on each of December 5, 2020, March 5, 2021, and the date of the Issuer's 2021 annual meeting of stockholders, subject to the Reporting Person continuing as a service provider through each such date.

Remarks:

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

11/09/2020

** 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.