

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Norwest Venture Partners XIII, LP</u> (Last) (First) (Middle) 525 UNIVERSITY AVENUE SUITE 800 (Street) PALO ALTO CA 94301 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/03/2019	3. Issuer Name and Ticker or Trading Symbol <u>Silk Road Medical Inc [SILK]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series C Preferred Stock ⁽¹⁾	(2)	(2)	Common Stock	2,458,210	(2)	D	
Warrant (Right to buy) ⁽¹⁾	(3)	12/21/2024	Common Stock	3,764	8.27	D	

1. Name and Address of Reporting Person* <u>Norwest Venture Partners XIII, LP</u> (Last) (First) (Middle) 525 UNIVERSITY AVENUE SUITE 800 (Street) PALO ALTO CA 94301 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Crowe Jeffrey</u> (Last) (First) (Middle) 525 UNIVERSITY AVENUE SUITE 800 (Street) PALO ALTO CA 94301 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Kossow Jon Erik</u> (Last) (First) (Middle) 525 UNIVERSITY AVENUE SUITE 800 (Street) PALO ALTO CA 94301

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
HAQUE PROMOD		
(Last)	(First)	(Middle)
525 UNIVERSITY AVENUE		
SUITE 800		
(Street)		
PALO ALTO	CA	94301
(City)	(State)	(Zip)

Explanation of Responses:

- The securities shown on Lines 1 and 2 of Table II represent securities held of record by Norwest Venture Partners XIII, LP ("NVP XIII"). Genesis VC Partners XIII, LLC ("Genesis XIII") is the general partner of NVP XIII and may be deemed to have sole voting and dispositive power over the shares held by NVP XIII. NVP Associates, LLC ("NVP Associates"), the managing member of Genesis XIII, and Promod Haque, Jeffrey Crow and Jon E. Kossow, as Co-Chief Executive Officers of NVP Associates, may be deemed to share voting and dispositive power with respect to such securities. Such entities and Haque, Crowe, and Kossow disclaim beneficial ownership of all such securities, except to the extent of any pecuniary interest therein.
- The Series C Preferred Stock shall automatically convert into Common Stock on a 1:1 basis immediately prior to the completion of the Issuer's initial public offering of Common Stock and has no expiration date.
- All of the shares subject to this warrant are fully vested and exercisable as of the date hereof.

Remarks:

[/s/ Matthew De Dominicis,](#) [04/03/2019](#)
[Chief Financial Officer](#)

** 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 5 (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.