FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## **OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

Name and Address of Reporting Person*     Carino Tanisha						2. Issuer Name <b>and</b> Ticker or Trading Symbol Silk Road Medical Inc [ SILK ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   Director 10% Owner				
(Last) (First) (Middle) 1213 INNSBRUCK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2024										Office below	er (give title v)		Other (below)	specify
(Street) SUNNYVALE CA 94089 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir Line							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,						es Acquired (A) Of (D) (Instr. 3,			Benefic Owned	ties cially I Following	Form (D) o	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A)	or	Price		ction(s) 3 and 4)			(Instr. 4)
Common Stock 09/17/2						2024			D		11,396(1	D (2)		(2)(3)	0			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, 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)	if any	emed ion Date, /Day/Year)		ansaction ode (Instr.		of		Exerc ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		(	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

- 1. Of the reported shares, 5,859 are represented by restricted stock units, or RSUs, each of which represents a contingent right to receive one share of Issuer common stock.
- 2. Pursuant to the Agreement and Plan of Merger dated June 17, 2024, between the Issuer, Boston Scientific Corporation and Seminole Merger Sub, Inc. (the "Merger Agreement"), each share of Issuer common stock was canceled and converted into the right to receive \$27.50 per share in cash (the "Merger Consideration"), without interest and subject to applicable withholding taxes.
- 3. Pursuant to the Merger Agreement, each RSU was canceled and converted into the right to receive an amount in cash, without interest, equal to the product of (i) the Merger Consideration and (ii) the aggregate number of shares underlying the RSUs, less applicable taxes and authorized deductions.

/s/ Mhairi Jones, by power of attorney

09/18/2024

\*\* 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.