FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* LASERSOHN JACK W (Last) (First) (Middle) | | | | | 3. D | 2. Issuer Name and Ticker or Trading Symbol <u>Silk Road Medical Inc</u> [SILK] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2019 | | | | | | | | eck all app $rac{X}{X}$ Direc | licable) tor er (give title | ng Per | son(s) to Iss 10% Ov Other (s below) | ner | |
|--|---|--|---|---------|--|--|--|-------------------|--|------------------|----------------------------|---|---------------|---|---|----------------|---|---------------------------------------|--|
| C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE | | | | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | VALE C | A ! | 94089 | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | | (Zip) | n-Deriv | vative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | action | ction 2A. Deemed Execution Date, | | a. 3. 4. Securi Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | 5. Amo Securi Benefi | unt of ies cially Following | Form (D) o | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Transa | action(s) 3 and 4) | | | (Instr. 4) | | |
| 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) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | n of i | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| Co | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Director Stock Option (Right to buy) | \$46.15 | 06/05/2019 | | | A | | 2,993 | | (1) | 0 | 6/05/2029 | Common Stock | 2,993 | \$0.00 | 2,993 | 3 | D | | |

Explanation of Responses:

1. One fourth of the shares subject to the option shall vest on each of September 1, 2019, December 1, 2019, March 1, 2020, and the date of the Issuer's 2020 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 attorney

06/07/2019

** 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.