FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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*  Buchanan Lucas W.						2. Issuer Name and Ticker or Trading Symbol Silk Road Medical Inc [ SILK ]									k all applica Director Officer (	able)	g Person(s) to Issuer 10% Owner Other (specify				
(Last) (First) (Middle) C/O SILK ROAD MEDICAL, INC. 1213 INNSBRUCK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/13/2022								Λ	below)	COO/C	FO	below)			
(Street) SUNNYVALE CA 94089					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					Secu Bene Own	nount of irities eficially ed Followin	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price	Trans	orted saction(s) r. 3 and 4)								
Common	Stock			12/13/2022					<b>M</b> <sup>(1)</sup>		25,000	Α	\$1.6		201,527	D					
Common Stock			12/13/2022					<b>S</b> <sup>(1)</sup>		25,000	D	\$55		176,527	D						
Common Stock			12/15/2022					M		15,000	Α	\$1.6		191,527	D						
Common Stock														13,518	,518 I		Buchanan Grandchildren's Irrevocable Trust <sup>(2)</sup>				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															1						
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion Date (Month/Day/Year) Price of Derivative Security				xecution Date, Tany		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			e and Ame curities dying tive Secu 3 and 4)	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Or Fo Di or (I)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code		v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amor or Numl of Title Share								
Option (right to buy)	\$1.6	12/13/2022			M <sup>(1)</sup>			25,000	12/03	3/2015 <sup>(3</sup>	12/03/2025	Comm		000	\$0	80,409		D			
Option (right to buy)	\$1.6	12/15/2022			M			15,000	12/03	3/2015 <sup>(3</sup>	12/03/2025	Comm		000	\$0	65,409		D			

## **Explanation of Responses:**

- 1. The option exercise and sale reported on this Form 4 were effected pursuant to Rule 10b5-1 Trading Plan adopted by the reporting person on June 13, 2022.
- 2. These shares are held directly by the Buchanan Grandchildren's Irrevocable Trust, for which the Reporting Person serves as a co-trustee.
- 3. All of the shares subject to this option are fully vested and exercisable as of the date hereof.

## Remarks:

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

12/15/2022

\*\* 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.