1. Name and Address of Reporting Person:

   Anderson Rick D
   1213 INNSBRUCK DRIVE
   SUNNYVALE CA 94089

2. Issuer Name and Ticker or Trading Symbol:

   Silk Road Medical Inc [ SILK ]

3. Date of Earliest Transaction (Month/Day/Year):

   10/01/2020

4. If Amendment, Date of Original Filed (Month/Day/Year):

5. Relationship of Reporting Person(s) to Issuer:

   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line):

   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

** Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned **

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, If any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option (right to buy) $65.46</td>
<td>10/01/2020</td>
<td>A</td>
<td>V</td>
<td>(A)</td>
<td>5,804</td>
<td>$0</td>
<td>5,804</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/01/2021(1)</td>
<td>10/01/2030</td>
<td>Common Stock</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Explanation of Responses: **

1. One third of the shares subject to the option shall vest on October 1, 2021 and each one-year anniversary thereafter, subject to the Reporting Person continuing as a service provider through each such date.

** Remarks:**

/s/Mhairi Jones, by power of attorney

10/05/2020

** 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).


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.