FORM 4

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

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number:	3235-028									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## 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*     Pardo Geoff				2. Issuer Name and Ticker or Trading Symbol Axonics Modulation Technologies, Inc. [ AXNX ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner     Officer (give title Other (specify)							
(Last) 26 TECH	(I INOLOGY	First) DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/02/2018									below) below)					
(Street) IRVINE	C	CA	92618		4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	?)	State)	(Zip)			Point lieu by wore trial One Reporting Per														
1. Title of Security (Instr. 3)			2. Tra	2. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securiti	d of, or Beneficia ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code			v	Amount	(A) (D)	or I	Price	Reported Transaction(s) (Instr. 3 and 4)		(Ins		nstr. 4)			
Common Stock			11/	/02/20	2/2018			С		2,266,66	56 <sup>(1)</sup>	A	(2)	2,266,666(1)		I		Cooperatieve Gilde Healthcare V U.A. <sup>(3)</sup>		
Common Stock			11/	11/02/2018				Р 8		866,660	6(1)	A	\$15	3,133,332(1)		I		Sy Cooperatieve Gilde Healthcare V U.A. <sup>(3)</sup>		
			Table I					rities Acc							Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	xecution Date, Tr		ransaction ode (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Securities Underlyin Derivative Security 3 and 4)		erlying	Derivative de Security (Instr. 5) Br		ring ted	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership et (Instr. 4)	
				Code		v	(A)		Date Exercisa		Expiration Date			ber of	(Ins		saction(s) r. 4)			
Series C Preferred Stock	(2)	11/02/2018			С			1,888,888	(2)		(2)	Common Stock	2,2	66,666 <sup>(1</sup>	\$0.00		0 I		By Cooperatieve Gilde Healthcare IV U.A. <sup>(3)</sup>	

## **Explanation of Responses:**

- 1. Reflects a 1.2-for-1 forward stock split of the Issuer's common stock effected on October 18, 2018.
- 2. Effective upon the closing of the Issuer's initial public offering of its common stock under the Securities Act of 1933, as amended, each share of Series C preferred stock automatically converted into 1.2 shares of the Issuer's common stock. The Series C preferred stock had no expiration date.
- 3. The shares are held directly by Cooperatieve Gilde Healthcare IV U.A. ("Gilde"). The reporting person, who is a member of the Issuer's board of directors, is a partner of Gilde. Gilde is managed by Gilde Healthcare IV Management B.V. ("Management"). Management is owned by Gilde Healthcare Holding B.V. ("Holding"). Each of the reporting person, Management and Holding may be deemed to have voting, investment and dispositive power with respect to these securities. Each of the reporting person, Management and Holding disclaims beneficial ownership of these securities and this report shall not be deemed an admission that any of them is the beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extent of their respective pecuniary interests therein.

## Remarks:

/s/ Michael V. Williamson, as Attorney-in-Fact for Geoff Pardo

11/02/2018

\*\* 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.