### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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					<u>A</u> :	2. Issuer Name and Ticker or Trading Symbol Axonics Modulation Technologies, Inc. [ AXNX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner  Officer (give title Other (specify					
(Last) 26 TECH	(F INOLOGY	•	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/06/2018								below)			below)		
(Street) IRVINE (City)	C.		92618 (Zip)		- 4. I	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						
		•		lon-Deri	vative	Sec	uritie	s Ad	cquire	ed, D	isposed o	of, or B	enefici	ally Owned						
			2. Transaction Date (Month/Day/Year)		Execution Dat		,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock	12/06/2018 A			2,500	A	\$0.00	2,500 D												
Common Stock												3,133,332		I		By Cooperatieve Gilde Healthcare IV U.A. <sup>(1)(2)</sup>				
		7	able I								sposed of, , converti					,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,			Transaction Code (Instr.				e Exerc tion D h/Day/`		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriving Security Bene Owner Follow Repo	rities ficially ed wing erted saction(s)	10. Owne Form: Direct or Ind (I) (Ins	: t (D) lirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares							
Stock Option (Right to Buy)	\$14.8	12/06/2018			A		5,000		(3	3)	12/06/2028	Common Stock	5,000	\$0.00	5	5,000	I	)		

### **Explanation of Responses:**

- 1. 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,
- 2. (Continued from Footnote 1) 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.
- 3. The shares subject to the option will vest in full on April 30, 2019

# Remarks:

/s/ Michael V. Williamson, as

Attorney-in-Fact for Geoff

\*\* Signature of Reporting Person

Date

12/10/2018

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.