FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHA |
|---|---------------------------|
| Instruction 1(b). | Filed nursuant to Section |

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* COHEN RAYMOND W | | | | | 2. Issuer Name and Ticker or Trading Symbol Axonics, Inc. [AXNX] | | | | | | | | | | ck all app | , | ng Pers | son(s) to Is | | |
|---|---|--|--------------|---------------------------------|--|--|---|---|--|--------|----------------------|---|-------|-----------------|--|--|---------|--|--|--|
| (Last) (First) (Middle) 26 TECHNOLOGY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021 | | | | | | | | | X | belov | fficer (give title elow) Chief Executi | | Other (s below) Officer | specify | |
| (Street) IRVINE (City) | CA (Sta | | 2618 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | Form | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | | |
| Date | | | | 2. Transac Date (Month/Da | | Exec if an | A. Deemed kecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 05/18/ | /2021 | | | | S ⁽¹⁾ | | 32,833 | I |) | \$55 | 317,940 | | | D | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Code (8) | sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative rities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | Distr. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [0 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The sale was effected pursuant to the Reporting Person's Rule 10b5-1 trading plan.

Remarks:

/s/ Dan Dearen, as Attorneyin-Fact for Raymond W.

Cohen

05/20/2021

** 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.