

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Gilde Healthcare Holding B.V.</u>  (Last) (First) (Middle) NEWTONLAAN 91 3584 BP UTRECHT  (Street) THE NETHERLANDS  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Axonics Modulation Technologies, Inc. [ AXNX ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <b>Former 10% Owner</b>
	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2019	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
Gilde Healthcare Holding B.V.  
 (Last) (First) (Middle)  
 NEWTONLAAN 91 3584 BP UTRECHT  
 (Street)  
 THE  
 NETHERLANDS  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Gilde Healthcare IV Management B.V.  
 (Last) (First) (Middle)  
 NEWTONLAAN 91 3584 BP UTRECHT  
 (Street)  
 THE  
 NETHERLANDS  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Cooperatieve Gilde Healthcare IV U.A.  
 (Last) (First) (Middle)  
 NEWTONLAAN 91 3584 BP UTRECHT  
 (Street)

THE  
NETHERLANDS

(City)

(State)

(Zip)

**Explanation of Responses:**

**Remarks:**

The reporting persons are filing this exit Form 4 to reflect that they are no longer a 10% owner of the issuer. The ownership percentage of the reporting persons is based on the number of shares reported by the issuer to be outstanding immediately after the closing of the issuer's offering on the issuer's prospectus filed with the Securities and Exchange Commission on November 21, 2019.

/s/ M.O.J.M. Perret, Managing  
Director

12/10/2019

\*\* 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.**