### 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*  Noblett Karen  (Last) (First) (Middle)							Issuer Name and Ticker or Trading Symbol     Axonics Modulation Technologies, Inc. [     AXNX ]  3. Date of Earliest Transaction (Month/Day/Year)										of Reportin cable) or (give title Chief Med	J	10% Ov Other (s below)	vner
26 TECH (Street) IRVINE (City)	KNOLOGY C.	A sate)	92618 (Zip)	4. If	07/23/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)										i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)							2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (li 8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amou Securitie Benefici	nt of es ally -ollowing	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount	(A (D	) or )	Price	Transac (Instr. 3	tion(s)			(5 4)			
Common	Stock	3/2019	2019				M		8,402	2	A	\$0.98	3 48	48,122		D				
Common Stock 07/23/										M		6,002	2	A	\$1.63	3 54	54,124		D	
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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of E			Date Exe piration onth/Day	Date	Amount of		t of ies ying ive Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Dat	te ercisable		opiration ate	Title	OI N	umber					
Stock Option (Right to Buy)	\$1.63	07/23/2019			M			6,002		(1)	03	3/30/2028	Commo Stock		5,002	\$0.00	11,998	3	D	
Stock Option (Right to	\$0.98	07/23/2019			М			8,402		(2)	01	/15/2026	Commo		3,402	\$0.00	1,198		D	

### **Explanation of Responses:**

1. The shares subject to the option will vest over a period of four years, with 1/4th of the shares subject to the option vesting on March 30, 2018 and the remainder vesting at a rate of 1/36th per month commencing upon the one-year anniversary of March 30, 2018, provided the reporting person remains in continuous service on each vesting date, subject to accelerated vesting in certain events, including upon certain changes of control of the Issuer. The option is subject to an early exercise provision and is immediately exercisable.

2. The shares subject to the option will vest over a period of three years, with 1/4th of the shares subject to the option vesting on January 15, 2016, and the remainder vesting at a rate of 1/36th per month thereafter, provided the reporting person remains in continuous service on each vesting date, subject to accelerated vesting in certain events, including upon certain changes of control of the Issu

# Remarks:

/s/ Michael V. Williamson, as 07/25/2019 Attorney-in-Fact for Karen Noblett, M.D.

\*\* Signature of Reporting Person

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.