## FORM 4

longer subject to

may continue. See

Instruction 1(b).

(Print or Type Responses)

Section 16. Form 4 or Form 5 obligations

Washington, D.C.
STATEMENT OF CHANGES IN BENEFICIAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(1 Till of Type Responses)											
1. Name and Address of R Toscanini Arthur M.	2. Issuer Name <b>and</b> AIRGAIN INC [		radin	g Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
C/O AIRGAIN, INC. DRIVE SUITE 150	CENTER	3. Date of Earliest Transaction (Month/Day/Year) 11/13/2017							ther (specify belo	ow)	
SAN DIEGO, CA 92	4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	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)	(Instr. 8)	ion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership of Indirect Form: Beneficial Ownership	Beneficial Ownership
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock		11/13/2017		M		2,000	A	\$ 2.2	71,587	D	
Common Stock									27,307	I	See Footnote

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

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

	. Title of	2. Conversion		3A. Deemed Execution Date, if	4.				6. Date Exer		7. Title and			9. Number of		11. Nature
									Expiration Date (Month/Day/Year)		, ,		Derivative		Ownership	
	-		(Month/Day/Year)		Code				(Month/Day		Securities		,			Beneficial
10	/	Price of		(Month/Day/Year)	(Instr. 8			ırities			(Instr. 3 and	. 4)	` /	-	Derivative	
		Derivative						uired							-	(Instr. 4)
		Security					(A)							U	Direct (D)	
								osed							or Indirect	
							of (I	*						Transaction(s)		
								tr. 3, 4,						(Instr. 4)	(Instr. 4)	
							and	3)								
												Amount				
									Data	E-minsting		or				
										Expiration	Title	Number				
									Exercisable	Date		of				
					Code	V	(A)	(D)				Shares				
(	Stock Option Right o Buy)	\$ 2.2	11/13/2017		M			2,000	(2)	12/10/2017	Common Stock	2,000	\$ 0	0	D	

#### **Reporting Owners**

Demonstra Common Name / Addings	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Toscanini Arthur M. C/O AIRGAIN, INC. 3611 VALLEY CENTRE DRIVE SUITE 150 SAN DIEGO, CA 92130	X						

#### **Signatures**

/s/ Arthur M. Toscanini	11/15/2017				
**Signature of Reporting Person	Date				

### **Explanation of Responses:**

- \* 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).
- (1) Represents shares held by Gen 3 Partners. Mr. Toscanini may be deemed to share beneficial ownership of the shares held by Gen 3 Partners in his capacity as a director of Gen 3 Partners. Mr. Toscanini disclaims such beneficial ownership except to the extent of his pecuniary interest therein.
- (2) The option is fully vested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.