FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

3235-0287 OMB Number: 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

10b5-1(c). See Instr	ucion to.								
1. Name and Address	1 0	on [*]	2. Issuer Name and Ticker or Trading Symbol <u>AIRGAIN INC</u> [AIRG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Toscanini Arthur M.</u>			[]	X Director 10% Owner					
			—	Officer (give title Other (specify					
(Last) C/O AIRGAIN, IN	(First) <mark>NC</mark> .	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2025	below) below)					
3611 VALLEY CH	ENTRE DRIVE	, SUITE 150							
(Street) SAN DIEGO CA 92130		92130	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities		7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(11311. 4)
Common Stock		02/01/2025		Α		4,203(1)	Α	\$ <mark>0</mark>	89,956 ⁽²⁾	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. 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)	Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$6.87	02/01/2025		Α		7,706		02/01/2026 ⁽³⁾	01/31/2035	Common Stock	7,706	\$0	7,706	D	

Explanation of Responses:

1. Represents restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of the Issuer's common stock. 100% of the RSUs vest on February 1, 2026, subject to the Reporting Person's continued service to the Issuer through such vesting date.

2. Includes RSUs.

3. The option is exercisable as it vests. 100% of the shares subject to the option vest on the stated exercisable date, subject to the Reporting Person's continued service with the Issuer through such vesting date.

/s/ Michael Elbaz, as attorney-in-02/04/2025 fact

Date

** 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.

OMB APPROVAL

Estimated average burden hours per response: