FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden

hours per response...

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

(Print or Type Responses)												
Name and Address of Re Selbo Glenn	1	2. Issuer Name and AIRGAIN INC [[radir	ıg Symbol	l	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
C/O AIRGAIN, INC., DRIVE, SUITE 150	(First) 3611 VALLEY	CENTER	3. Date of Earliest Transaction (Month/Day/Year) 09/12/2017						X_ Officer (give title below) Other (specify below) Chief Operating Officer			
SAN DIEGO, CA 921	4	I. If Amendment, Da	te Original	Filed	(Month/Day/	Year)	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)	1	Гable I - No	n-De	erivative S	Securitie	s Acqu	ired, Disposed of, or Beneficially Ow	ned		
()		2. Transaction Date (Month/Day/Year)	Execution Date, if		Code (ties Acquisposed (4 and 5)	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	Beneficial Ownership	
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		09/12/2017		M		9,000	A	\$ 2.2	26,575	D		

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)

	1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	umber	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
	Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration D	ate	of Underlyii	ng	Derivative	Derivative	Ownership	of Indirect
	Security	or Exercise	(Month/Day/Year)	any	Code		Deri	vative	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Secu	ırities			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
		Derivative					Acq	uired						Owned	Security:	(Instr. 4)
		Security					(A)	or						Following	Direct (D)	
							Disposed							Reported	or Indirect	
							of (I	D)						Transaction(s)	(I)	
							(Ins	tr. 3, 4,						(Instr. 4)	(Instr. 4)	
							and	5)								
												Amount				
												or				
										Expiration	Title	Number				
									Exercisable	Date	1100	of				
					Code	V	(A)	(D)				Shares				
ŀ	Ct1						()									
	Stock															
	Option	\$ 2.2	09/12/2017		M			9,000	(1)	09/19/2017	Common	9 000	\$ 0	0	D	
	(Right	Ψ -	05,12,2017					,,,,,,,		05,15,12017	Stock	,,,,,,,	Ψ 0		5	
	to Buy)															

Reporting Owners

Donastina Ossana Nama / Adduser	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Selbo Glenn C/O AIRGAIN, INC. 3611 VALLEY CENTRE DRIVE, SUITE 150 SAN DIEGO, CA 92130			Chief Operating Officer				

Signatures

/s/ Leo Johnson, Attorney-in-Fact 09/14/2017

---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) 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.