

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

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

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

(Print or Ty	pepe														
1. Name and Address of Reporting Person * SUEN JACOB (Last) (First) (Middle) C/O AIRGAIN, INC., 3611 VALLEY CENTRE DRIVE, SUITE 150 (Street)			2. Issuer Name and Ticker or Trading Symbol AIRGAIN INC [AIRG]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
			A CENTEDE	Date of Earliest Transaction (Month/Day/Year) 08/12/2019 4. If Amendment, Date Original Filed(Month/Day/Year)					- -	Director					
	EGO, CA 9		(-v.)								roini incu by	wore than one	Reporting reison		
(Ci	ty)	(State)	(Zip)			Table	e I - Non-I	erivative S	Securiti	es Acquii	red, Disposed	of, or Ben	eficially Owne	d	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year	Execution Execut	Deemed ution Date, if ath/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) C	5. Amount of Securities Ber Owned Following Reported Transaction(s) (Instr. 3 and 4)		d (Ownership Form:	Beneficial Ownership
						Co	ode V	Amount	(A) or (D)	Price				or Indirect (Instr. (I) (Instr. 4)	
Reminder: indirectly.	Report on a s	separate line for each	class of securities be	eneficial	y owned dire	ectly o	Pers in thi	s form are	e not re	equired t			tion containe e form displa		474 (9-02
	Report on a s	eparate line for each		- Deriv	ative Securi	ties Ac	Person in this a cure equired, D	s form are rently vali sposed of,	e not re id OME or Bene	equired to a control eficially C	to respond of the second of th				474 (9-02
1. Title of	2. Conversion	3. Transaction	Table II 3A. Deemed 4 Execution Date, if 1	- Deriv (e.g., 1	ative Securiouts, calls, w	er of ye s l (A) seed of	Person in the a cure current, Detections	s form are rently validations sposed of, convertibations tercisable and Date	or Beneated and a second	equired to a control eficially Crities) 7. Title an	to respond I number. Dwned ad Amount of ag Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natur of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if 7 any (Month/Day/Year)	- Deriv (e.g., 1	5. Numb Derivative Securitie Acquired or Dispo (D) (Instr. 3,	er of ye s l (A) seed of	Persin this a cured, Descriptions 6. Date Expiration	s form are rently vali sposed of, convertib tercisable a n Date ay/Year)	e not reid OME or Benedle secur	equired to a control of the control	to respond I number. Dwned ad Amount of ag Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersł (Instr. 4)

Reporting Owners

D (O N (A))		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SUEN JACOB C/O AIRGAIN, INC. 3611 VALLEY CENTRE DRIVE, SUITE 150 SAN DIEGO, CA 92130			President and CEO			

Signatures

/s/ Jacob Suen	08/14/2019
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).
- The option is exercisable as it vests. 25% of the shares subject to the option vest on August 8, 2020, and 1/48th of the total number of shares subject to the option vest monthly thereafter, (1) subject to the reporting person's continued service to the Issuer through each such vesting date. The option may accelerate under certain conditions pursuant to the reporting person's employment agreement.

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.	