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)													
1. Name and Address of Rocanini Arthur M.	2. Issuer Name and Ticker or Trading Symbol AIRGAIN INC [AIRG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) C/O AIRGAIN, INC. DRIVE, SUITE 150	3. Date of Earliest Tr 01/08/2021	ransaction (N	/Iontl	n/Day/Yea	ır)		ther (specify belo	ow)					
SAN DIEGO, CA 92	(Street)	2	4. If Amendment, Da	te Original l	Filed	(Month/Day	Year)		6. Individual or Joint/Group Filing(Che _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person	**	ine)		
(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/Yea		Execution Date, if	(Instr. 8)		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)		Beneficial Ownership		
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common stock		01/08/2021		M		2,000	A	\$ 2.6	68,927 <u>(1)</u>	D			
Common stock									5	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				4.				6. Date Exer		7. Title and			9. Number of		11. Nature
[]	Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	of Underlyii	ng	Derivative	Derivative	Ownership	of Indirect
1	Security	or Exercise	(Month/Day/Year)	any	Code		Der	ivative	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
	Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Seci	urities			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
		Derivative					Acq	uired						Owned	Security:	(Instr. 4)
		Security					(A)	or						Following	Direct (D)	
							Disp	oosed						Reported	or Indirect	
							of (I	D)						Transaction(s)	(I)	
							(Ins	tr. 3, 4,	4.					(Instr. 4)	(Instr. 4)	
							and								,	
												Amount				
									.	m - 1 - 1		or				
										Expiration	Title	Number				
									Exercisable	Date		of				
					Code	V	(A)	(D)				Shares				
	Stock	\$ 2.6	01/08/2021		M			2,000	(3)	01/18/2021	Common	2,000	\$ 0	0	D	
(Option										stock	,				

Reporting Owners

Dan sating Common Name / Adduser	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 92121	X						

Signatures

/s/ Arthur M. Toscanini 01/12/2021

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) Includes 2,939 restricted stock units.
- (2) Represents shares held by Gen 3 Partners, Inc. ("Gen 3 Partners"). Reporting Person 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. Reporting Person disclaims such beneficial ownership except to the extent of his pecuniary interest therein
- (3) 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.