

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

hours per response..

0.5

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 Response	s)										
1. Name and Address of Lyle David	2. Issuer Name and Ticker or Trading Symbol AIRGAIN INC [AIRG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
C/O AIRGAIN, IN DRIVE, SUITE 15	EVCENTER	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2022						_X_ Officer (give title below) Other (specify below) Chief Financial Officer			
SAN DIEGO, CA		4. If Amendment, Date 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)	(Instr. 8)	-	4. Securi (A) or Di (Instr. 3,	sposed o	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D)	Beneficial Ownership
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr 4)	(Instr. 4)

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 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. Numbe	er	6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(A) or						Owned	Security:	(Instr. 4)	
	Security					Disposed	of						Following	Direct (D)	
						(D)						Reported	or Indirect		
						(Instr. 3,	4,					Transaction(s)	(I)		
						and 5)							(Instr. 4)	(Instr. 4)	
											Amount				
								D /	p		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock Option (Right	\$ 9.46	02/01/2022		A		23,079		<u>(1)</u>	01/31/2032	Common Stock	23,079	\$ 0	23,079	D	
to Buy)															

Reporting Owners

Bonontino Como a Norsa / Addusa	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lyle David C/O AIRGAIN, INC. 3611 VALLEY CENTRE DRIVE, SUITE 150 SAN DIEGO, CA 92130			Chief Financial Officer					

Signatures

/s/ David B. Lyle	02/03/2022			
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 February 1, 2023, 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.