SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

3235-0287 hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>MUNRO THOMAS A</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AIRGAIN INC</u> [AIRG] | | | | | | | | tionship of Reporting Pe all applicable) Director Officer (give title below) | | erson(| 10% Owner | |
|---|---|--|--|-----------------------------------|---|--|--------|---|--------------------|------------------|--|---|--|--|---|--|--|
| (Last) (First) (Middle) C/O AIRGAIN, INC. 3611 VALLEY CENTRE DRIVE, SUITE 150 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023 | | | | | | | _ | Other (specify below) | | | | pecify | | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/26/2023 | | | | | | 6. Indiv X | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | ٦ | able I - Non | -Derivat | tive S | ecuriti | es Aco | quired, D | sposed | of, or Bei | nefic | ially Ow | ned | | | | |
| Date | | | | 2. Transact Date (Month/Day | | Execution Date, | | 3. Transaction Code (Instr. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 8) 9 | | | or 4 and 5) | nd 5) Securities Beneficiall Following | | Form or Ind | . Ownership orm: Direct (D) r Indirect (I) Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | / Amou | nt (A) (D) |) or) | Price | Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) |
| | | | Table II - D (e | | | | | ired, Disp options, | | | | | d | | | | |
| 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 | Code (Instr. | | 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) | | Securities | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | 1011(5) | | |
| Stock Option (Right to Buy) | \$8 | 02/01/2023 | | А | | 7,584 | | (1) | 01/31/203 | 3 Commo Stock | | 7,584 | \$0.00 | 7,584 | 4 | D | |

Explanation of Responses:

1. The option is exercisable as it vests. 100% of the shares subject to the option vest on February 1, 2024, subject to the Reporting Person's continued service with the Issuer through such vesting date.

Remarks:

On February 3, 2023, the Reporting Person. The correct number of stock options granted is listed above.

| <u>/s/ Mi</u> | ichael Elbaz, | as attorney-in | <u>1-</u> 05/2 | 5/2023 |
|---------------|---------------|----------------|----------------|--------|
| fact | | | 03/20 | 5/2025 |

** Signature of Reporting Person Date

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.