FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  Toscanini Arthur M.  (Last) (First) (Middle)  C/O AIRGAIN, INC.  3611 VALLEY CENTRE DRIVE, SUITE 150  (Street)  SAN DIEGO CA 92121				3. t 02/	2. Issuer Name and Ticker or Trading Symbol AIRGAIN INC [ AIRG ]  3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)									lationship of Reporting Person(s) to Issuer ix all applicable)  Director 10% Owner Officer (give title below)  Officer (give title below)  ividual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person				specify
(City)	(State)	(Zi	p)									T OTTI TILO	a by more	thui C	The Proporting	g 1 610011		
		Т	able I - Nor	-Derivat	ive S	ecuriti	es Acq	juired, [	Disp	osed o	f, or E	Benefic	ially Ow	ned				
Da				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp				quired (A) (Instr. 3,		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(instr. 4)
Common Stock <sup>(1)</sup> 02				02/01/2	2/01/2023			A		4,307		A	\$0.00	71,036(2)			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (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)			7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		expiration Date	Title		Amount or Number of Shares	(Instr. 4		(0)		
Stock Option (Right to Buy)	\$8	02/01/2023		A		6,247		(3)		1/31/2033	3 Common Stock		6,247	\$0.00	6,247		D	

## Explanation of Responses:

- 1. Represents restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of the Issuer's common stock. 100% of the RSUs vest on February 1, 2024, subject to the Reporting Person's continued service to the Issuer through such vesting date.
- 2. Includes RSUs.
- 3. 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:

/s/ Michael Elbaz, as attorney-infact 02/03/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.