FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>SMITE</u>	<u>I PETE A</u>	<u> </u>		1211	17 11	11121	W O.	KKD,	1110	<u></u> [AVIV	··]		- 1	Direc	ctor		10% Ov	vner
				-		- ·				(D. 04.)			4	✓ Office below	er (give title v)		Other (s	specify
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2024							President and CEO				
AVIAT NETWORKS INC.				12/	03/20	124									110010011	· unu	020	
200 PAR	KER DRIV	E, SUITE C100	A															
200 THREE BILLY E, BOTTE CTOOL				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				_		,				- (,	,	Lir			F · ·····3	(
AUSTIN	TX	7	8728											▼ Form	filed by On	e Repo	rting Perso	on
AUSTIN	11/	. /	8728									Form filed by More than One Repo				orting		
				-										Pers	on			
(City)	(Sta	ate) (2	Zip)															
		Table	I - Non-Deri	vative	Sec	urities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Own	ed			
1. Title of	Security (Inst	r. 3)	2. Tran	saction	tion 2A. Deemed 3. 4. Securities Acquired (A					(A) or) or 5. Amount of			nership	7. Nature			
	,	,	Date	/Day/Vaa	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3,			3, 4 a			Form: Direct (D) or Indirect		of Indirect Beneficial		
(Month/Day				граултеа	(Month/Day/Year)		Code (Instr. 5)				Owned	l Following		(Instr. 4)	Ownership			
								1			(A) or (D)		Report	ted iction(s)			(Instr. 4)	
								Code	V	Amount	(D)	Price		3 and 4)			
Common Stock 12/03/2				3/2024				A ⁽¹⁾		12,896		A	\$(31	1,435]	D	
		Tal	ole II - Deriv	ativo S	^~	itios	Λοαιι	irod C	lien	osod of	or P	onot	ficial	ly Owno	d	-		
		Iai								onvertib					u			
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed	4.		5. Number				7. Title and			8. Price of	9. Number		0.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Date if any		Transaction Code (Instr.				Expiration Date (Month/Day/Year)			Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of		((Month/Day/Yea				Securities					Underlying		(Instr. 5)	Beneficially	у D	Direct (D)	Ownership
	Derivative Security					Acquired (A) or		Derivative Security (II					Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed of (D) (Instr. 3, 4 and 5)			3 and 4) `					Reported Transaction(s) (Instr. 4)		, (,			
											Am	ount						
												or Nur	mber					
					l	1	_	Date		Expiration	 	of						
				Code	١V	(A)	(D)	Exercis	able	Date	Title	Sha	ares		I	- 1		I

Explanation of Responses:

1. This represents a Restricted Stock Unit (RSU) grant. The RSU shares shall vest on November 8, 2025

Remarks:

/s/ Ryan Musumeci, as attorney-in-fact

12/05/2024

** 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.