FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| to Section 10 | ox if no longer subject 5. Form 4 or Form 5 nay continue. See (b). | _ | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | - | OMB Number: Estimated average b hours per response: | 3235-0287 urden 0.5 | | |
|---|---|------------------------------------|---|---|---|---------------------------|--|--|
| 1. Name and Address of Reporting Person* SMITH PETE A (Last) (First) (Middle) AVIAT NETWORKS INC. 200 PARKER DRIVE, SUITE C100A | | | 2. Issuer Name and Ticker or Trading Symbol <u>AVIAT NETWORKS, INC.</u> [AVNW] 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2022 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) President and CEO | | | | |
| (Street) AUSTIN (City) | TX (State) | 78728 (Zip) Table I - Non-De | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form file Form file Person | nt/Group Filing (Chec d by One Reporting P d by More than One R | erson | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Bene | ficially Owned | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|--------------------------|------------------------------------|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (1150. 4) |
| Common Stock | 07/05/2022 | | S | | 2,001(1) | D | \$24.5226 ⁽²⁾ | 123,185 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) (Instr. 4) | 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 | | | | |

Explanation of Responses:

1. Shares sold to cover tax withholding obligations due to the vesting of previously reported Restricted Stock Units.

2. Average sales price for shares sold from \$24.52 to \$24.67.

Remarks:

/s/ Chris Wong, Director of Accounting and POA

07/07/2022

** 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.