FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>Connaway Michael</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AVIAT NETWORKS, INC. [AVNW] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify)) | | | | | |
|--|--|---|--|---|---|--|---|------|---|------------|--|---|-------|--|---|---|--|--|--|
| (Last) AVIAT N | (Fir | , | | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024 | | | | | | | | | below | er (give title | | below) | · | | |
| 200 PARKER DRIVE, SUITE C100A | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) AUSTIN TX 78728 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exec if an | Deemed cution Date, y uth/Day/Year) | | | | Disposed (| es Acquired (A) Of (D) (Instr. 3, 4 | | | nd Securit Benefic Owned | ies cially Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 06/05/2 | | | | | 2024 | | | | A ⁽¹⁾ | | 32,489 | 1 | A | \$ <mark>0</mark> | 32 | 32,489 | | | |
| | 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 | Conversion Date Execution Date, if any (Month/Day/Year) Error 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 an Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | , | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or | ount nber ires | | | | | |

Explanation of Responses:

1. This represents a Restricted Stock Unit (RSU) grant. The RSU shares shall vest on an annual basis ratably over 3 years from date of grant.

Remarks:

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

06/06/2024

** 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.