FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours por rosponso: | 0.5 | | | | | | | |

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* <u>Connolly Brian D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AWARE INC /MA/ [AWRE] | | | | | | | | | ationship o k all applica Director | able) | g Pers | on(s) to Issu | | |
|--|--|------------|---|--------|--|--|---------|--|--|-----|--------------------|--|--------------------------------|---|---|--|--|--|---------------------------------------|
| (Last) C/O AWA | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2023 | | | | | | | | | | Officer (below) | (give title | | Other (s below) | specify | | |
| 76 BLANCHARD ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | GTON MA | Λ 0 | 1803 | | | | | | | | | | | Line) | -/ | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | urities | Acc | quired, | Dis | posed o | f, or Bei | nefic | ially | Owned | | | | |
| Date | | | 2. Trans Date (Month/I | | ar) E | A. Deemed execution Date, f any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | 4 and Securitie Beneficia Owned F | | s illy ollowing | Form (D) or | : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pri | ice | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | | 131 | 31,246 | | 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 of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | Expiration Date (Month/Day/Year) Of De | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 3. Price of Derivative Security (Instr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | nber | | | | | |
| Unrestricted Stock | \$0.00 | 03/13/2023 | | | A | | 33,041 | | (1) | | (1) | Common Stock | 33,0 | 041 | \$0.00 | 33,04 | 1 | D | |

Explanation of Responses:

1. Shares of unrestricted stock awarded to reporting person under Aware, Inc. 2001 Nonqualified Stock Plan. The shares will be issued as follows; 16,520 shares on June 30, 2023, and 16,521 shares on December 31, 2023 provided the reporting person is serving as a director, officer or employee of the Company or any subsidiary of the Company on said dates.

Remarks:

/s/ Brian Connolly

03/15/2023

** Signature of Reporting Person

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.