

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

| OMB APPROVAL      |           |  |  |  |
|-------------------|-----------|--|--|--|
| OMB Number:       | 3235-0104 |  |  |  |
| Estimated average | e burden  |  |  |  |
| nours per respons | e 0.5     |  |  |  |

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses)  |   |  |         |  |   |   |                                      |  |  |
|--|---|--|---------|--|---|---|--------------------------------------|--|--|
| Name and Address of Reporting Person * Schmayer Noemi  | 2. Date of Event Req<br>Statement (Month/De<br>05/12/2022 |  |         |  | 3. Issuer Name and Ticker or Trading Symbol ACTELIS NETWORKS INC [ASNS] |   |                                      |  |  |
| (Last) (First) (Middle)<br>47800 WESTINGHOUSE DRIVE  | 03/12/2   |  |         | 4. Relationship of Reporting Person(s) to Issuer |   |   | ` /                                  | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |
| (Street) FREMONT, CA 94539   |   |  |         |  | (Check all applicable)  _X_ Director                                    |   |                                      | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person |  |
| (City) (State) (Zip)   |   |  |         | Valata T   | Nam Daniana   | · G   |                                      | Form filed by More than One Reporting Person   |  |
| (City)   |   |  | 1       | able 1   | - Non-Derivat   | tive Securities   | Beneficially                         | Jwnea  |  |
| 1.Title of Security<br>(Instr. 4)  |   | Ве   |         | nt of Sec<br>ally Own                            |   |   | 4. Nature of Indi<br>(Instr. 5)      | rect Beneficial Ownership  |  |
| Reminder: Report on a separate line for each class  Persons who respo unless the form dis                          | nd to the o   | ollection<br>rently val  | of info | ormatio<br>IB conti                              | n contained in rol number.  |   | ·                                    |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |         |  |   |   |                                      |  |  |
| (Instr. 4) and Expiration Date (Month/Day/Year) Sec  |   | 3. Title and Amount of<br>Securities Underlying Derivative<br>Security<br>(Instr. 4) |         | Price of<br>Derivative                           | Derivative<br>Security: Direct  | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5) |                                      |  |  |
|  | Date<br>Exercisable                                       | Expiration<br>Date   | Title   | Amoun<br>Shares                                  | t or Number of  | Security  | (D) or Indirect<br>(I)<br>(Instr. 5) |  |  |
|  |   |  |         |  |   |   |                                      |  |  |

### **Reporting Owners**

|   | Relationships |              |         |       |  |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address                                  | Director      | 10%<br>Owner | Officer | Other |  |
| Schmayer Noemi<br>47800 WESTINGHOUSE DRIVE<br>FREMONT, CA 94539 | X             |              |         |       |  |

### **Signatures**

| /s/ Noemi Schmayer              | 05/17/2022 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

## **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.