

(Print or Type Responses)

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

| OMB APPROVAL | | | | | | |
|-------------------|-----------|--|--|--|--|--|
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| nours per respons | se 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

| Name and Address of Reporting Person * Hammergren Bruce | | Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol ACTELIS NETWORKS INC [ASNS] | | | | | | | | |
|---|----------------------|----------------------------------|---|---|--|--|-------------------|--|---|---|--|--|
| 47800 WESTIN | (First) NGHOUSE D | (Middle) RIVE | 2/2022 4. Relation Issuer | | Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | | |
| FREMONT, CA | (Street) A 94539 | | | | | (Check all applicable) Director 10% Owner X Officer (give title below) EVP Sales Americas | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | | | ed | | 4. Natuı (Instr. 5 | Nature of Indirect Beneficial Ownership | | | |
| Reminder: Report of | on a separate line | for each class of | securiti | ies beneficially | owned directl | ly or indirectly. | | | | SEC 1473 (7-02) | | |
| | | s who respond the form displa | | | | n contained in to | his form are no | t requi | red to res | pond | | |
| | Table | e II - Derivative S | Securiti | ies Beneficially | v Owned (e.g | , puts, calls, warr | ants, options, co | nvertibl | e securities | | | |
| 1. Title of Derivative Security (Instr. 4) | | 2. Da Expi | Date Exercisable and piration Date onth/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion | 5. Ownership Form of Derivative Security: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | Date Exer | cisable | Expiration Date | Title | Amount or Number of Share | Security | Indi | | Security Dire India (Inst | | |
| Option | | (1) | | 06/30/2025 | Common Stock | 23,371 | \$ 0.0644 | | D | | | |
| Option | | (2) | | 01/21/2026 | Common Stock | 5,435 | \$ 0.0644 | | D | | | |
| Option | | (3) | | 01/21/2026 | Common Stock | 4,891 | \$ 0.0644 | | D | | | |
| Option | | (4) | | 05/08/2028 | Common Stock | 5,435 | \$ 0.1058 | | D | | | |
| Option | | (5) | | 12/30/2029 | Common Stock | 5,435 | \$ 0.1058 | | D | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|--------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Hammergren Bruce 47800 WESTINGHOUSE DRIVE FREMONT, CA 94539 | | | EVP Sales Americas | | | |

Signatures

| /s/ Bruce Hammergren | 05/18/2022 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

* 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).
- (1) This Option grant vested in full on 06/29/2019.
- (2) This Option grant vested in full on 01/20/2020.
- (3) This Option grant vested in full on 01/20/2020.
- (4) This Option grant vested in full on 05/07/2022.
- (5) This Option grant is approximately 59% vested as of May 12, 2022, with the remaining 41% of the Option grant vesting at a rate of 113 options per month until December 4, 2023 at which point the Option grant shall be fully vested, subject to Mr. Hammergren remaining continuously employed through the final vesting date.

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.