FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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

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*  Hickman Glenn M					2. Issuer Name and Ticker or Trading Symbol WRAP TECHNOLOGIES, INC. [ WRAP ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) C/O WRAP TE	(First)	,	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/09/2023							X	Officer (g below)	ve title Other		Other (s below)	specify	
1817 W 4TH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) TEMPE	AZ	85	281												•	•	ne Reportin	g Person	
(City)	(State)	(Zi	p)																
		Та	ble I - No	n-Deri	ivative	Se	curitie	s Acc	uired,	Dis	osed of,	or Benef	icially Ow	ned					
1. Title of Security (Instr. 3)  2. Transc Date (Month/D				Exe Day/Year) if ar		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Of (D) (Instr.				) or Disposed	Securities Beneficial Following	For ly Owned or I Reported (Ins		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/09						09/2023			F		6,608	D	\$1.908(1)(2)	85,321		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. Deeme Execution if any (Month/Day	Date, 1	ransaction code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Securities U Derivative S (Instr. 3 and	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	i	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				

## **Explanation of Responses:**

- 1. The shares were sold to satisfy income tax withholding obligations relating to the vesting of previously reported restricted stock. This sale is a result of the default provision under the Company's equity incentive plan and does not represent a discretionary trade by the Reporting Person.
- 2. This transaction was executed in multiple sales at prices ranging from \$1.90 to \$1.93. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff full information regarding the number of shares and prices at which the transaction was effected.

/s/ Chris DeAlmeida, Attorney-in-Fact 03/09/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.