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

| 1. Name and Address of Reporting Person* BARNES JAMES A | | | | | 2. Issuer Name and Ticker or Trading Symbol WRAP TECHNOLOGIES, INC. [WRAP] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|-----|---|---|--|----|--|-------|---|------|---|---|---------------|---|---|---|---|--|--|--|
| (Last) C/O WRAP TE | | • | ddle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021 | | | | | | | | | | X Officer (give title Other (below) below) CFO, SECRETARY AND TREAS | | | | | | |
| 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 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person | |
| (City) | (State) | (Zi | o) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | ո-Deri | vative | Se | curitie | s Acq | uired, l | Disp | osed of, | or E | Benefi | cially O | wned | | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | r) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02 | | | | 02/0 | 4/2021 | | | | S ⁽¹⁾ | | 6,000 |) | D | \$6.1 | 32,819 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,814 | ,741 | | I | By family trust | |
| Common Stock | | | | | | | | | | | | | | 358, | 959 | | I | By Sunrise Capital, Inc. | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Executive Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Da if any (Month/Day/\) | · (| ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercisa | | Expiration Date Title | | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |

Explanation of Responses:

 $1. The sale of shares was effected pursuant to a Rule 10b5-1 \ trading \ plan \ adopted \ by the \ reporting \ person \ on \ May \ 8, 2020.$

/s/ James A. Barnes
** Signature of Reporting Person

02/05/2021

Date

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

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.

^{*} 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).