BOSTON

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

MA

(State)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the

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

affirmative def	fense conditions of Rule e Instruction 10.				
. Name and Add	dress of Reporting Perso	on*	2. Issuer Name and Ticker or Trading Symbol Ondas Holdings Inc. [ONDS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner	
(Last)	(First) JA PARK DRIVE,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2025	X Officer (give title Other (specify below) CFO, Secretary and Treasurer	
SUITE 1410 Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative Expirat		Expiration D (Month/Day/	cpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	(1)	06/23/2025		A		100,000		(2)	(2)	Common Stock	100,000	\$0	100,000	D	
Stock Options (right to buy)	\$1.58	06/23/2025		A		100,000		(3)	06/23/2035	Common Stock	100,000	\$0	100,000	D	

Explanation of Responses:

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Ondas Holdings Inc. (the "Company") common stock, par value \$0.0001 per share.
- 2. These RSUs vest in eight successive equal quarterly installments with the first vesting date commencing on September 23, 2025, provided that the reporting person is an officer of the Company on the applicable vesting dates. All RSUs granted to the reporting person shall vest in full immediately upon a change in control.
- 3. These stock options vest and are exercisable in eight successive equal quarterly installments with the first vesting date commencing on September 23, 2025, provided that the reporting person is an officer of the Company on the applicable vesting dates. All stock options granted to the reporting person shall vest in full immediately upon a change in control.

<u>/s/ Neil Laird</u> <u>06/25/2025</u>

** Signature of Reporting Person Date

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

02210

(Zip)

- * 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.