FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | |
| hours per response: | 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* SMITH ROBERT O | | Sta | Date of Event Retement (Month/I | | 3. Issuer Name and Ticker or Trading Symbol GIGA TRONICS INC [GIGA] | | | | | | |
|--|--|---------------------|---------------------------------|---------------------------------------|---|---|---|---|--------------------------------|--|--|
| (Last) C/O BITNILE F 11411 SOUTHE SUITE 240 (Street) LAS VEGAS (City) | | (Middle) | 00.2022 | | | ionship of Reporting Person(s all applicable) Director Officer (give title below) |) to Issuer 10% Owner Other (spec below) | ify | Applicable Line) X Form filed | ate of Original Filed UGroup Filing (Check by One Reporting Person by More than One Reporting | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | t of Securities Ily Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | | 0 | D | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | Derivative Security (Instr. 4) Conver | | Conver | cise (D) or | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | Date Exercisable | Expiration Date | Title | | Amount or Number of Shares | Price of Derivati Security | ive (Instr. 5) | | | |

Explanation of Responses:

Remarks:

/s/ Robert O. Smith

09/19/2022

** Signature of Reporting Person

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 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).