FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|---|--|--|--|
| OMB Number: | 3235-0287 | 7 | | | |
| Estimated average burden | | | | | |
| nours per response | e 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 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

| (Print or Ty | pe Response | es) | | | | | | | | | | | | |
|--|---|-----------------|---|---|---|-------------|-------------------------------|---|--|---|---|--|--|-------------------|
| Name and Address of Reporting Person * Penta Michael | | | | 2. Issuer Name and Ticker or Trading Symbol GIGA TRONICS INC [GIGA] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 4650 NORRIS CANYON ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2015 | | | | | | X Officer (give title below) Other (specify below) Vice President of Sales | | | | | |
| (Street) | | | 4. If Amendment, Date 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 | | | | | |
| SAN RAMON, CA 94583 (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acou | | | | | tired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye: | | | 2A. Deemed 3. Tran Execution Date, if Code | | saction 4. Securities Acquired (A) or Disposed of | | quired of | | | | 6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership | | | |
| | | | | Code | V | Amour | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common | Stock | | 08/21/2015 | | S | | 1,000 | D | \$ 1.42 | 53,000 | | - | D | |
| Common | Stock | | 08/21/2015 | | S | | 1,100 | D | \$ 1.4 | 51,900 | | - | D | |
| Common | Stock | | 08/24/2015 | | S | | 7,900 | D | \$ 1.4 | 44,000 | | | D | |
| Reminder: indirectly. | Report on a | separate line f | or each class of sec | curities beneficially | owned dire | ctly o | r | | | | | | | |
| | | | | | | cont | ained i | n this fo | orm ar | e not req | uired to re | nformation espond unle ntrol numbe | ess | C 1474 (9- 02) |
| | | | | Derivative Securit (e.g., puts, calls, wa | | | | | | | i | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transaction Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/ | | Year) Execution Da | d 4. Date, if Transaction Code (/Year) (Instr. 8) | | | Expiration Date nth/Day/Year) | | Am Und Sec | Title and abount of derlying urities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | |
| | | | | Code V | (A) (D) | Date Exe | e rcisable | Expiration Date | on Titl | Amount or e Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | |
| | | | | Relationsh | ips | | | | | | | | | |

Other

Signatures

Penta Michael

| /s/ Michael Penta | 08/25/2015 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

Reporting Owner Name / Address

4650 NORRIS CANYON ROAD

SAN RAMON, CA 94583

Explanation of Responses:

- * 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).

10% Owner

Director

Officer

Vice President of Sales

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.