FORM 4

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

OMB APPROVAL
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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).

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 Type Responses)											
1. Name and Address of Reporting Person * Ganz Bryan			2. Issuer Name and Ticker or Trading Symbol Byrna Technologies Inc. [BYRN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First) (Middle) 100 BURTT ROAD, SUITE 115			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2021						X Officer (give title below) Other (specify below) President, CEO, Chairman			
(Street) ANDOVER, MA 01810			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership		
				Code	V	Amount	(D)	Price		(Instr. 4)		
Common Stock		10/15/2021		P		10,000	A	\$ 17.69 (1)	503,188	D		
Common Stock									478,059 ⁽²⁾	I	By Northeast Industrial Partners LLC	
Common Stock									1,300 (2)	I	By the David Ganz Trust FBO Kathryn R. Ganz	
Common Stock									70,753 (2)	I	By the Judith L. Ganz Trust VA 04-23- 2015	
Common Stock									1,300 (2)	I	By the David Ganz Trust FBO Madeline Hyland Ganz	
Reminder: Report on a so	enarate line	for each class of secu	rities beneficially o	wned direc	tly o	r indirectly	,					
Testimor Report on a st	-parate infe	To Cucii Ciuss or secu	concinciany o		Per con	sons wh	o res _i n this	form are	the collection of information e not required to respond un ntly valid OMB control numb	less	C 1474 (9-02)	

Security (Instr. 3)	Conversion	 3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		Number		and Expiration Date (Month/Day/Year)		Amount of Underlying		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
			Code	V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Ganz Bryan 100 BURTT ROAD, SUITE 115 ANDOVER, MA 01810	X		President, CEO, Chairman					

Signatures

/s/ Lisa Wager, by Power of Attorney	10/18/2021
**Signature of Reporting Person	Date

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).
- The shares were purchased in multiple transactions at prices ranging from \$17.25 to \$17.98 per share. The price reported reflects the volume weighted average purchase price (1) for the transactions. The reporting person undertakes to provide upon request by the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- (2) The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

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.