## 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 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	s)														
Name and Address of Reporting Person * Wager Michael					2. Issuer Name and Ticker or Trading Symbol Byrna Technologies Inc. [BYRN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 100 BURTT ROAD, SUITE 115					3. Date of Earliest Transaction (Month/Day/Year) 07/20/2021							X Officer (give title below) Other (specify below)  Chief Strategy Officer				
(Street) ANDOVER, MA 01810				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				2A. Deemed Execution Date any (Month/Day/Ye		if Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			of (D)	Beneficially Owned Following Reported Transaction(s) Form: Bene (Instr. 3 and 4) Direct (D) Owned		Beneficial Ownership		
							Code	V	Amoui	(A) or (D)	Price		(I)			
Common Stock 07/2			07/20/2021				P		1,190	A	\$ 21	1,190		I	By Peggy Gris Wager	
Reminder:	Report on a s	separate line fo	r each class of secu	Deriv	ative Securi	ties Ac	cquire	Personta conta the fo	ons whained i	no responding this for splays a	rm are curre eficial	not requesting ntly valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed		outs, calls, w		ts, opt					itle and	9 Dries of	9. Number	of 10.	11 Notus
	Conversion or Exercise Price of Derivative Security		Execution D	ate, if	Transaction Code	of	vative rities aired or osed 0) :. 3,	and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and bunt of erlying irities tr. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	ive Ownersh (Instr. 4) D) ect	
					Code V	(A)	(D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				

#### **Reporting Owners**

P ( 0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Wager Michael 100 BURTT ROAD SUITE 115 ANDOVER, MA 01810			Chief Strategy Officer					

### **Signatures**

/s/ Lisa Wager, by Power of Attorney	08/04/2021		
**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).

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.