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 Respons	es)													
Name and Address of Ganz Bryan	2. Issuer Name Byrna Techno				mbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
100 BURTT ROA	3. Date of Earlies 07/12/2022	st Transact	ion (I	Month/Da	y/Year	:)	X Officer (give title below) Other (specify below) President, CEO							
(Street)			4. If Amendment	t, Date Ori	ginal	Filed(Mont	h/Day/Y	ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
ANDOVER, MA														
(City) (State) (Zip) Table I - Non-Derivation								rivative Securities Acquired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership			
				Code	V	Amount	(A) or (D)	Price	(max-3 and 1)	or Indirect (I) (Instr. 4)				
Common Stock		07/12/2022		P		13,000	A	\$ 7.6352 (1)	586,188	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			
Reminder: Report on a	separate line	e for each class of sec	urities beneficially of	owned dire	ctly o	or indirect	y. [
					Pe	rsons wl ntained i	no res	form are	the collection of information e not required to respond un ntly valid OMB control numb	less	C 1474 (9-02)			

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

Signatures

/s/ Lisa Wager, by Power of Attorney	07/13/2022
**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 \$\$7.56 to \$7.6578. The reported price of \$7.6352 represents the volume weighted average price for (1) the reported transaction. 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 purchased 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.