FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB | APP | RO\ | /AI |
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| | OMB Number: | 3235-0287 |
|---|--------------------------|-----------|
| | Estimated average burden | |
| 1 | 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

| Wager Lisa | | | 2. Issuer Name and Ticker or Trading Symbol Byrna Technologies Inc. [BYRN] | | ionship of Reporting Persor all applicable) Director | n(s) to Issuer |
|------------------|---------|-------|--|-----------|---|--------------------------------|
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2024 | X | Officer (give title below) Corporate Secret: | Other (specify below) ary, CGO |
| (Street) ANDOVER | MA | 01810 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (0 Form filed by One Repor Form filed by More than 0 | ting Person |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities A Of (D) (Instr. 3, | | a) or Disposed | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|--------------------------|---|--------------------------------------|---------------|----------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 09/18/2024 | | S | | 2,450 | D | \$17.0147(1) | 224,555 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. 5. Number of Derivative Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ive ies ed (A) osed of | 6. Date Exerc Expiration Da (Month/Day/\ | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|--|---|---|---|---|---------------------------------|--|---------------------|--|-------|--------------------------------------|--|----------------------------------|--|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

1. The shares were sold pursuant to a 10b5-1 plan adopted February 21, 2024 in multiple transactions at prices ranging from \$17.01 to \$17.04. The listed price of \$17.0147 represents the weighted average price of all sales. The reporting person undertakes to provide, upon request by the staff of the SEC, the issuer, or a security holder of the issuer, full information regarding each transaction.

<u>/s/ Lisa Klein Wager</u> <u>09/18/2024</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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.