

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| 1. Name and Address of Reporting Person * | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|---|---------------------------------|--|---------------------------|-------------------------------|--------------------|---|---|---|----------------------------------|---|--|----------------------------------|--|
| Caballero R | uben | | | M | ova | no Inc. | [MO | VE] | | | | X Director | , | 100 | 6 Owner | |
| (Last | (First | t) (Mie | ddle) | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | Officer (give title below) Other (specify below) | | | | | | |
| C/O MOVANO, INC., 6800 KOLL CENTER PARKWAY | | | | | 3/21/2023 | | | | | | | | | | | |
| CENTERTA | (Stre | | | 4. I | fAn | nendmen | t, Date C | rigin | al Fil | ed (MM/D | D/YYYY) | 6. Individual o | or Joint/G | roup Filing | Check Appl | icable Line) |
| PLEASANT | ON, CA | 94566 | | | | | | | | | | X _ Form filed by | | ting Person One Reporting P | erson | |
| (0 | City) (Sta | ate) (Zip |)) | | Che | | ox to ind | icate | that a | transacti | | ade pursuant to | | - | | en plan |
| | | | Table I - I | Non-Der | ivati | ive Secu | rities Ac | quire | ed, Di | isposed o | of, or Beno | eficially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | rans. Date | Exec | | 3. Trans. Co Instr. 8) | | or Disposed of (D) | | Amount of Securities Beneficially Owned bllowing Reported Transaction(s) nstr. 3 and 4) | | | Ownership of Indire Form: Benefici Direct (D) Ownersh | Beneficial Ownership | | |
| | | | | | | | Code | V | Amou | (A) or (D) | r Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| | Tak | ole II - Der | ivative Sec | curities] | Bene | eficially (| Owned (| [e.g.,] | puts, | calls, wa | arrants, o | ptions, conver | tible secu | rities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | Derivativ | | Securities A) or of (D) | | 6. Date Exercisable and Expiration Date | | 7. Title and Securities U Derivative S (Instr. 3 and | nderlying security | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following | Ownership Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Code | V | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect | |
| Stock option (right to buy) | \$1.29 | 3/21/2023 | | A | | 20000 | | () | <u>1)</u> | 3/21/2033 | Common Stock | 20000 | \$0.00 | 20000 | D | |

Explanation of Responses:

(1) The option award vests in full on December 31, 2023.

Reporting Owners

| Keporting Owners | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Caballero Ruben | | | | | | | |
| C/O MOVANO, INC. | X | | | | | | |
| 6800 KOLL CENTER PARKWAY | 21 | | | | | | |
| PLEASANTON, CA 94566 | | | | | | | |

Signatures

/s/ Ruben Caballero by Mark R. Busch, attorney-in-fact 3/23/2023

**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 control number.