| SEC Form 4 |
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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

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 [*] SINDER MICHAEL JAY | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>PC TEL INC</u> [PCTI] | | | | | | | | | onship of Reporting Person(s) to Is all applicable) | | ssuer |
|--|--|---------|--|-----------|--|--|---|-------------------------|---|---|---------------|---|---------------------|--|-------------------------|------------|
| | | | | | | | L | 1 | | | | X | Direc | tor | 10% C | Wner |
| (Last) 471 BRI | (Fir GHTON DI | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | Office below | er (give title /) | Other below | (specify |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| BLOOMINGDALE IL 60108 | | | | | | | | | | | | X | Form | filed by On | e Reporting Per | son |
| | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | |
| 1. Title of s | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned . Title of Security (Instr. 3) 2. Transaction Date 3. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Securities Securities Country of Indirect Indirect of | | | | | | | | | | | | | | | |
| | | | | (Month/Da | | | | Code (I 8) | | 5) | , | Benefic Owned | cially Following | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | | ed ction(s) 8 and 4) | | (Instr. 4) |
| Common 07/01/ | | | | | | | | | | | | | 1 · | | | |
| Common | 1 | | | 07/01/ | 2022 | | | A ⁽¹⁾ | | 2,353 | A | \$4.09 | 10 | 1,182 | D | |
| Common | 1 | Ta | | Derivati | ve Sec | | | red, D | | 2,353 osed of, or onvertible | r Bene | ficially | | | D | |

| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | SA. Deerned Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------|---|--|---|---|-----|-----|--|--------------------|---|--|--|---|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Grant of restricted shares to adjust annual compensation for service as Chairman of the Board of Directors commencing on July 1, 2022. 100% of the shares vest one year from grant date on 7/1/2023.

Remarks:

Kevin J McGowan, Atty-in-07/06/2022 Fact

** 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.