FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
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* <u>LAFRANCE JAMES T</u>							2. Issuer Name and Ticker or Trading Symbol Aspira Women's Health Inc. [AWH]										of Reporti :able) r	ng Per	son(s) to Is	
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021											Officer below)	(give title		Other (below)	specify
12117 BE	2117 BEE CAVES RD. BLDG 3. STE 100							, Date	e of	Original	Filed	(Month/i		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	T)		78738														•		orting Perso	
A031111																Person	-	re tna	n One Repo	orting
(City)	(St		Zip)																	
		Table I -	Non-D	Г		_			qu		Dis	_								
1. Title of Security (Instr. 3) 2. Transact Date (Month/Da					Execution Date, if					f Transaction Dispo			Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)		ľ	(instr. 4)			
Common Stock 05/06/					2021				Α		423(1)		Α	\$0	422	422,862		D		
		Table		rivativ ., puts				-			-					ally Ow es)	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	any	ned n Date, if Day/Year)	4. Transactior Code (Instr. 8)		n Number E			Date Exerc		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Co s Fo lly D o g (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Amount or Number Date Expiration of Code V (A) (D) Exercisable Date Title Shares																	
Employee Stock Option (Right To	\$4.92	05/06/2021			A		720			(2)	05/	06/2031		nmon ock	720	\$0	720		D	

Explanation of Responses:

- 1. The restricted stock units will vest in three equal installments on June 1, 2021, September 1, 2021 and December 1, 2021.
- $2. The \ employee \ stock \ option \ will \ vest \ in \ three \ equal \ installments \ on \ June \ 1, \ 2021, \ September \ 1, \ 2021 \ and \ December \ 2, \ 2021 \ and \ December \ 2, \ 2021 \ and \ December \ 3, \ 2021 \ and \ December \ 4, \ 2021 \ and \ December \ 4, \ 2021 \ and \ December \ 4, \ 2021 \ and \ 2021 \$

<u>/s/ James T. LaFrance</u> <u>09/16/2021</u>

** Signature of Reporting Person Date

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

- $\mbox{*}$ If the form is filed by more than one reporting person, \emph{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.