FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-02									
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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

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 <b>and</b> Ticker or Trading Symbol Aspira Women's Health Inc. [ AWH ]											o of Reporting Pe licable) tor		son(s) to Is:	
(Last)	,		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021												Officer (give title		Other (s	·
12117 BI	EE CAVES F	RD. BLDG 3. STE	100		4. If A	mer	ndment	, Date	e of	Original	Filed	(Month/I	Day/Y	'ear)		6. Individual or Joint/Group Filing (Check Applicab Line)				
(Street)															- 1	,	led by One	e Repo	orting Perso	n
AUSTIN	T	X	78738													Form fi Person	led by Mo	re tha	n One Repo	orting
(City)	(SI	tate) (	(Zip)																	
		Table I -	Non-D	erivat	ive Se	cu	ritie	s Ac	cqu	uired,	Dis	posed	of,	or B	enefi	cially O	wned			
Date			2. Transac Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year)				if Transaction Dispos Code (Instr. 5)			urities Acquired (A) or sed Of (D) (Instr. 3, 4 au			5. Amour Securitie Beneficia Owned F	s lly ollowing	Form	: Direct   I Indirect   I str. 4)	7. Nature of Indirect Beneficial Ownership	
						Ì	Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)		ľ	(Instr. 4)			
Common Stock 06/24						2021				Α		330(	1)	) A 9		423	,192	D		
		Table		rivativ g., 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 on Date, if Day/Year)	4. Transaction Code (Instr. 8)		on Number		Exp	Date Exerc piration D onth/Day	of Securities		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Owner Form: Direct or Indi	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V		(D)	Dat Exe	te ercisable	Expi Date	iration e	Title		Amount or Number of Shares					
Employee Stock Option (Right To Buy)	\$5.9	06/24/2021			Α		502			(2)	06/	24/2031		nmon ock	502	\$0	502		D	

## **Explanation of Responses:**

- 1. The restricted stock units will vest in two equal installments on September 1, 2021 and December 1, 2021.
- $2. The \ employee \ stock \ option \ will \ vest \ in \ two \ equal \ installments \ on \ September \ 1, \ 2021 \ and \ December \ 2021 \ and \ 2021 \ and \ December \ 2021 \ and \ December \ 2021 \ and \ 20$

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

\*\* Signature of Reporting Person Date

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

- $\star$  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.