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* <u>LAFRANCE JAMES T</u>					<u>As</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Aspira Women's Health Inc. [ awh ]										tionship of F all applicab Director			n(s) to Issu			
(Last)	`	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022										Officer (give title below)			Other (s below)	pecify		
12117 BEE CAVES RD BUILDING III, STE 100					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																Form filed by One Reporting Person						
AUSTIN	T	X	78738													Form filed Person	ing					
(City)	2)	State)	(Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transa Date (Month/						2A. Deemed Execution Date, i any (Month/Day/Yea		, if	Transaction Disposed Code (Instr.		4. Securitie Disposed O				5. Amount Securities Beneficially Following		Form:	Direct Indirect Itr. 4)	7. Nature of ndirect Beneficial Ownership			
									-	Code	v	Amount		A) or D)	Price	ice Reported Transaction (Instr. 3 and				instr. 4)		
Common Stock 03/3					31/202	/2022			А		72,937(1)		Α	\$0	\$0 496,1		129					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da any (Month/Day/	ate, if	4. Transact Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year		te		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported	ve es ally eg d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A) (D)		Date Exer	e cisable		xpiration ate	Title		Amount or Number of Shares		Transaction(s (Instr. 4)					
Employee Stock Option (Right to	\$1.04	03/31/2022			Α		110,305		03/3	31/2023 <sup>(2</sup>	0	3/31/2032	Comr Sto		110,305	\$0	110,3	05	D			

## **Explanation of Responses:**

- 1. The restricted stock units will vest in four equal installments on April 1, 2022, June 1, 2022, September 1, 2022 and December 1, 2022.
- 2. The employee stock option will vest in four equal installments on April 1, 2022, June 1, 2022, September 1, 2022 and December 1, 2022.

/s/ James T. LaFrance

04/04/2022 \*\* 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.