FORM 4

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

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average I | burden | | | | | | |
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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 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

| (Print or Ty | pe Response | S) | | | | | | | | | | | | | | |
|--|-------------|---|---|---|-------|--------------------------------------|---|-------------------|--------------------------------------|--|---|--|-----------------------|---|---|------------|
| 1. Name and Address of Reporting Person* WACHTEL BONNIE K | | | | 2. Issuer Name and Ticker or Trading Symbol WAVEDANCER, INC. [WAVD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O WAVEDANCER, INC., 12015 LEE JACKSON MEMORIAL HWY STE 210 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2021 | | | | | | | | e title below) | | er (specify below | v) | |
| (Street) FAIRFAX, VA 22033 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | | es Acquirec | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Execution Date, if | | Date, if | | 8) | 4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) (A) or Amount (D) | | of (D) Ow Tra | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | d | Ownership Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Table II - | | | | | displa | ays a cu posed of | rrently , or Bene | valid OME | 3 control r | unless the number. | e form | | |
| | 1 | 1 | 1 | 0/1 | ts, c | | | , options, o | | | | | i | 1 | | |
| | Conversion | e of ivative Date Execution Date Execution Date any (Month/Day/Year) (Month/Day/Year) Execution Date Execution Date any (Month/Day/Year) (Month/Day/Year) Execution Date Execution Date | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | saction of Derivative Execurities (N | | | Expiration Date o (Month/Day/Year) S | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownershi Form of Derivativ Security: Direct (D or Indirects) | (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | | ration | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Options (right- to-buy) | \$ 4.89 | 12/30/2021 | | A ⁽¹⁾ | | 50,000 |) | (2) | 12/3 | 30/2026 | Commo Stock | n 50,000 | \$ 0 | 90,000 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WACHTEL BONNIE K C/O WAVEDANCER, INC. 12015 LEE JACKSON MEMORIAL HWY STE 210 FAIRFAX, VA 22033 | X | | | | | | |

Signatures

| /s/ Matthew T. Sands | 01/03/2022 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- \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).
- (1) Granted pursuant to and in accordance with the WaveDancer 2021 Stock Incentive Plan.
- (2) The options become exercisable as to 25,000 Options on December 30, 2022, and 25,000 Options on December 30, 2023.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.