FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bi	urden								
- 1	hours nor roomanas:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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 7		_							
1. Name and Address of Reporting Person*  Rettaliata Peter						2. Issuer Name <b>and</b> Ticker or Trading Symbol AIR INDUSTRIES GROUP [ AIRI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
Nettanata Peter																or	10% Owner		wner	
(Last) (First) (Middle) 46 IROQUOIS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/06/2022									Officer (give title Other (specify below) below)						
							ndmen	t, Date	of Original Fi	led	(Month/Da	6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						If Amendment, Date of Original Filed (Month/Day/Year)									Line)					
BRIGHTWATERS NY 11706														X Form filed by One Reporting Person						
													Form filed by More than One Reporting Person							
(City) (State) (Zip)																				
		Tab	le I - Nor	1-Deriv	ative	e Se	curiti	es A	cquired, D	isp	osed o	f, or B	ene	ficiall	y Owned	ı				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date	t. Transaction Date Month/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Ye		Code (Instr.					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	,	Amount	(A) (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock					6/202	2			<b>J</b> <sup>(1)</sup>		13,39	95 A		\$0.7	182,915			D		
		-							quired, Dis	•				-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day.	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow S Fo Dir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
										Г				mount						
														lumber						
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of SI	hares						
Stock Options	\$0.84								(2)	04	1/30/2027	Commor Stock	1	0,000		10,000	0	D		
Stock Options	\$1.25								12/31/2021	07	7/31/2026	Commor Stock	1	,000		1,000		D		
Stock Options	\$1.32								12/31/2021	12	2/31/2027	Commor Stock	1	0,000		10,000	0	D		
Stock Options	\$1.42								07/24/2018 <sup>(3)</sup>	07	7/24/2024	Commor Stock	5	0,000		50,000	0	D		
Stock Options	\$1.59								12/31/2018	05	5/31/2023	Commor Stock	1	0,000		10,000	0	D		
Stock Options	\$1.28								12/31/2019	12	2/31/2025	Commor Stock	1	0,000		10,000	0	D		
Stock	\$2.38								12/31/2020	12	2/31/2026	Common	1	0,000		10,000	0 ]	D		

## **Explanation of Responses:**

- 1. Shares received in lieu of cash payment of director's fees.
- $2.\ Vests\ as\ to\ 2,500\ shares\ on\ April\ 6,\ 2022,\ and\ an\ additional\ 2,500\ shares\ on\ each\ of\ June\ 30,\ 2022,\ September\ 30,\ 2022\ and\ December\ 31,\ 2022.$
- 3. Vests in annual installments of 10,000 shares commencing July 24, 2018.

07/06/2022

\*\* 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.