FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	vvasinigio	II, D.C. 20049	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

37 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* BUONANNO DAVID				2. Issuer Name and Ticker or Trading Symbol AIR INDUSTRIES GROUP [AIRI]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) 8213 BA	,	irst) DRIVE WEST	(Middle)	,		. Date of Earliest Transaction (Month/Day/Year) 2/13/2019								Officer below)	(give title		Other (s below)	specify
(Street) MARGATE CITY NJ 08402			4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																		
1. Title of Security (Instr. 3) 2. Trans Date		2. Transa	action 2A. Deemed Execution Date,		ate, 3.	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)		ired (A)) or 5. Amount		s Form		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership				
								de V	Amount	(A) (D)	(A) or (D) Price		Reported Transacti (Instr. 3 a	d tion(s)			(Instr. 4)	
Common Stock												46,024			D			
			Table II - [posed of converti				Owned				
Derivative Conversion Date Executity or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/	Co	ansactio	on of Deri Sec Acq (A) of Disp of (I	n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Secu Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode V	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or	ount nber res					
Stock Options (right to purchase)	\$9.38	03/31/2014		1	A	75)	03/31	/2014	03/31/2019	Commo	n 7:	50	\$ 0	750		D	
Stock Options (right to purchase)	\$11.73	05/16/2014		,	A .	75)	05/16	/2014	05/15/2019	Commo	n 7:	50	\$0	750		D	
Stock Options (right to purchase)	\$9.24	08/21/2014		,	A	75)	08/21	/2014	08/20/2019	Commo Stock	n 7:	50	\$0	750		D	
Stock Options (right to purchase)	\$10.26	11/24/2014		,	Λ	1,7:	50	11/24	/2014	11/23/2019	Commo Stock	n 1,7	750	\$0	1,750		D	
Stock Options (right to purchase)	\$10.05	04/06/2015		,	A	3,0	00	(1	1)	04/05/2020	Commo Stock	n 3,0	000	\$0	3,000		D	
Stock Options (right to purchase)	\$4.64	06/02/2016		1	A .	3,0	00	(2	2)	06/01/2021	Commo Stock	n 3,0	000	\$0	3,000)	D	
Stock Options (right to purchase)	\$1.69	01/02/2018		1	A	3,00	00	01/02	/2018	12/31/2022	Commo Stock	n 3,0	000	\$ 0	3,000)	D	
Stock Options (right to purchase)	\$1.59	05/14/2018		1	A	13,0	00	(3	3)	05/31/2023	Commo Stock	n 13,	000	\$ 0	13,00	0	D	
Stock Options (right to purchase)	\$1.28	02/13/2019		1	A	10,0	00	03/31/2	2019 ⁽⁴⁾	12/31/2025	Commo	ⁿ 10,	000	\$0	10,00	0	D	
Warrants	\$5	08/19/2016		1	P	1,0	16	08/19	/2016	07/31/2022	Commo	n 1,0)16	\$ 0	1,016	5	D	

Explanation of Responses:

2. Fully vested as of February 1, 2017.

- 3. Fully vested as of December 31, 2018.
- 4. Vests as to 2,500 shares on March 31, 2019, an additional 2,500 shares on each of June 30, 2019, September 31, 2019 and December 31, 2019.

/s/ David Buonanno

02/14/2019

** 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.