FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* PORCELAIN MICHAEL						2. Issuer Name and Ticker or Trading Symbol AIR INDUSTRIES GROUP [AIRI] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
TORCELAIN WICHAEL																or	10% Owner		wner		
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/06/2022										Officer below)	(give title		Other (: below)	specify		
482 W N		\vdash																			
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
HUNTIN	NGTON N	IY 	11743										Form filed by More than One Reporting Person								
(City)	(5	State)	(Zip)																		
		Tak	ole I - Nor	-Deriv	ative	e Se	curities	s Ac	quired	, Dis	posed o	of, or I	enef	iciall	y Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispo		urities Acquired (A) sed Of (D) (Instr. 3, 4				ally Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A	or	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)			
Common	Common Stock			04/06	6/202	2			J ⁽¹⁾		15,48	32	A	\$0.84	172	172,845		D			
		•	Table II -								osed of				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable an Expiration Date (Month/Day/Year)		е	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
													An	nount							
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Nu of	mber							
Stock Options	\$0.84	04/06/2022			A		10,000		(2)		04/30/2027	Comm Stock		0,000	\$0	10,000)	D			
Stock Options	\$1.25								12/31/2	021	07/31/2026	Comm Stock		,000		1,000	'	D			
Stock Options	\$1.32								12/31/2	021	12/31/2027	Comm Stock),000		10,000)	D			
Stock Options	\$1.69								01/02/2	018	12/31/2022	Comm Stock		,000		3,000		D			
Stock Options	\$1.36								01/29/2	018	01/31/2023	Comm Stock),000		10,000)	D			
Stock Options	\$1.59								12/31/2	018	05/31/2023	Comm Stock		3,000		13,000)	D			
Stock Options	\$1.28								12/31/2	019	12/31/2025	Comm Stock),000		10,000)	D			
Stock	\$2.38								12/31/2	020	12/31/2026	Comm	on 1	0.000		10,000	,]	D			

Explanation of Responses:

- 1. Shares received in lieu of cash payment of director's fee.
- 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.

/s/ Michael D. Porcelain

04/07/2022

** 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.