### FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

## 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

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Finn Padraig	5			As	trol	Nova,	Inc. [ A	LO	T ]				Director	,	100/	O	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Officer (give title below) Other (specify below)				below)	
C/O ASTRONOVA, INC., 600 EAST					9/23/2025								Senior Vice P	resident			
GREENWIC	CH AVEN			4 T	£ A	d	nt Data O	سنہ نس	al Eil	ad anu	DD/W	777	6 Individual	m Ioint/C	manna Eilima	(Cl. 1 4 1	. 11 T. \
	(Sile)			4. 1	I Am	ienamei	nt, Date O	rigin	ıaı Fii	ea (MM/	DD/Y	YYYY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
WEST WARWICK, RI 02893												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Stat	te) (Zip)	1										roilli filed by	wiore man	one Reporting F	CISOII	
		ŗ	Table I - N	on-Deri	ivati	ive Secu	ırities Acc	quire	ed, Di	isposed	of, o	or Ben	neficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans			ns. Date	2A. Deen Execution Date, if a		n (Instr. 8)		de 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			F	5. Amount of Securit Following Reported (Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership Form: Benefici Direct (D) Ownersh	Beneficial Ownership	
							Code	v	Amo	unt (A)		Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock			9/2	3/2025			M		6	00 A		\$0			600	D	
	Tab	le II - Deri	vative Sec	urities I	Bene	eficially	Owned (	e.g.,	puts,	calls, w	arra	ants, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivativ 8) Securitie		ve es Acquired risposed of		6. Date Exercisable and Expiration Date		Sec	curities l	d Amount of Underlying Security d 4)	ng Derivative	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	n Titl	tle	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Units	(1)	9/23/2025		M			600	ļ	(2)	<u>(2)</u>		Common Stock	600	\$0	1,200	D	

#### **Explanation of Responses:**

- (1) Each restricted stock unit represents a contingent right to receive one share of ALOT common stock.
- (2) The remaining restricted stock units vest in two equal annual installments beginning September 23, 2026.

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Finn Padraig								
C/O ASTRONOVA, INC.			Senior Vice President					
600 EAST GREENWICH AVENUE			Semor vice President					
WEST WARWICK, RI 02893								

#### **Signatures**

/s/ Daniel Clevenger, by Power of Attorney

9/25/2025

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 control number.