FORM 4

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Carll Thomas Wayne					AstroNova, Inc. [ALOT]												
(Last) (First) (Middle)				3.1	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X_Officer (give title below) Other (specify below)				below)
C/O ASTRONOVA, INC., 600 EAST GREENWICH AVENUE						4/7/2023							Vice Presiden	t			
					4. If Amendment, Date Original Filed (MM/DD/YYYY)							() 6	6. Individual or Joint/Group Filing (Check Applicable Line				
WEST WARWICK, RI 02893													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or w Check this box to indicate that a transaction was made pursuant to a contract, instruction or w that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 1									on or writt	ten plan							
1.Title of Security				- Non-Der 2. Trans. Date			3. Trans. Co	-	-	urities Acc	-	-	ficially Owne		ally Owned	6.	7. Nature
(Instr. 3)					Execution Date, if any (Instr. 8			or Disposed of (D) (Instr. 3, 4 and 5)			Fol	Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	of Indirect Beneficial Ownership	
							Code	v	Amou	(A) or int (D)	Price					(I) (Instr. 4)	
				4/7/2023			М						D				
				4/7/2023 4/7/2023						D D							
Common Stock	Tab	le II - Deri	ivative S		Bene	eficially		e.g.,					otions, conver	-	rities)	D	I
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deer Executio Date, if a			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title and A Securities Un Derivative Se (Instr. 3 and 4		derlying ecurity	erlying Derivative		Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exer	cisable	Expiratior Date	Title	1	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock	(1)	4/7/2023	1	М			615	1	(2)	(2)	Comm	on	615	\$0.00	615	D	1

852

(3)

Stock

Common

Stock

852

\$0.00

1701

D

(3)

Explanation of Responses:

<u>(1)</u>

4/7/2023

(1) Each restricted stock unit represents a contingent right to receive one share of ALOT common stock.

М

(2) The remainder of the restricted stock units will fully vest and settle on April 7, 2024.

(3) The remaining restricted stock units vest in two equal annual installments beginning on April 7, 2024.

Reporting Owners

Units

Units

Restricted Stock

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Carll Thomas Wayne								
C/O ASTRONOVA, INC.			Vice President					
600 EAST GREENWICH AVENUE			vice i resident					
WEST WARWICK, RI 02893								

Signatures

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.