## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to exist the office of the indicate of the restrict of the office of the section. to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

Instruc	tion 10.																			
1. Name and Address of Reporting Person*  Wolff Benjamin G						2. Issuer Name <b>and</b> Ticker or Trading Symbol Palladyne AI Corp. [ PDYN ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      One of the control of the contro						
														V	- 05	give title		10% O		
(Last) (First) (Middle)					3	2. Data of Fadicat Transaction (Month/Day/Year)									below)	give title	e Other (sp below)		specify	
C/O PALLADYNE AI CORP.						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2024									PRESIDENT & CEO					
650 SOUTH 500 WEST, SUITE 150																				
(Street) SALT LAKE CITY  84101						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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 010011					
		Та	ble I - No	n-Deri	vati	ve S	ecuritie	s Ac	quired,	Dis	posed o	of, or Be	enefi	cially	Owned					
············   D			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficial Owned Fo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	P P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 10/				10/3	1/202	/2024			P		107,526			\$2.2	107,	526			See footnote <sup>(1)</sup>	
Common Stock															1,306	,203		D		
Common Stock															90	4			By Spouse	
Common Stock														383,	119			See footnote <sup>(2)</sup>		
			Table II -				curities Ils, warr								Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercity Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Date Execution D		ate, Transactio		on Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		)	7. Title and Am of Securities Underlying Derivative Sec (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	Beneficial Ownership (Instr. 4)	
					ode	v	(A)	(A) (D) Exercisable Date Expiration Date Title of Shares												
Warrants (right to	\$2.3	10/31/2024			P		107,526		05/01/202	25 (	05/01/2030	Common Stock	10	7,526	\$0.125	107,5	526	I	See footnote <sup>(1)</sup>	

## **Explanation of Responses:**

- 1. Represents shares held by MLC Solo 401k Trust FOB Benjamin Wolff ("401k Trust"). Mr. Wolff and his spouse Julie Wolff are the trustees of the 401k Trust and share voting and dispositive power over equity held by the trust. Mr. Wolff is the sole beneficiary of the 401k Trust.
- 2. Represents shares held by Mare's Leg Capital, LLC ("MLC"). MLC is an entity wholly owned by Mr. Wolff and his spouse Julie Wolff.

/s/ Stephen Sonne, attorney-infact on behalf of Benjamin G.

11/04/2024

Wolff

\*\* 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.