FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	DC	20549	
rasilligion,	D.C.	20343	

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

I. Name and Address of Reporting Person* Rettaliata Peter					2. Issuer Name and Ticker or Trading Symbol AIR INDUSTRIES GROUP [AIRI]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	,	*	, ,				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023							r (give title)	Other (below)	specify		
46 IROQUOIS DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year) 06/02/2023							Individual or ne)	l or Joint/Group Filing (Check Applicable				
(Street) BRIGHTWATERS NY 11706				00/0	00/02/2023								m filed by One Reporting Person m filed by More than One Reporting son					
(City)	(Si	tate)	(Zip)		$ $ $ $ $ $	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See light						suant to a co						
		Tabl	e I - Nor	n-Deriv	ative :	Sec	uritie	es A	cquired, D	isposed	of, or E	eneficia	ally Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution		n Date	Code (Ins				nd Securit Benefic Owned	ties Fo cially (D I Following (I)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	V Amou	nt (A)	or Price	Reporte Transac (Instr. 3	ction(s)		(Instr. 4)				
		Ta							quired, Dis s, options						,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	ed 4. Transa Code (action Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Options ⁽¹⁾	\$3.43								05/23/2023	06/30/2028	Commor Stock	4,040		4,040	D			
Stock Options ⁽²⁾	\$8.4								12/31/2022	04/30/2027	Commor Stock	1,000		1,000	D			
Stock Options ⁽²⁾	\$12.5								12/31/2021	07/31/2026	Commor Stock	100		100	D			
Stock Options ⁽²⁾	\$13.2								12/31/2021	12/31/2027	Commor Stock	1,000		1,000	D			
Stock Options ⁽²⁾	\$14.2								07/24/2022	07/24/2024	Commor Stock	5,000		5,000	D			
Stock Options ⁽²⁾	\$12.8								12/31/2019	12/31/2025	Commor Stock	1,000		1,000	D			
Stock Options ⁽²⁾	\$23.8								12/31/2020	12/31/2026	Commor Stock	1,000		1,000	D			

Explanation of Responses:

- 1. This amendment reports that this stock option was issued absent the exchange for all outstanding options as had been previously reported.
- 2. This amendment reports that these stock options were not exchanged for the stock option referred to in Note 1, as had been previously reported.

06/19/2023

** Signature of Reporting Person

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.