| SEC Foi | rm 4 FORM | 4 L | JNITED |) STA | TES | SE | CUR | ITI | ES AND | E | хсна | NGI | E CO | OMM | ISSION | J | | | |
|--|---|--|--|-------------------------------|---|---|---|------|---|----------|----------------------------------|--|---|---|--|------------------------------|--|--|-----------------------|
| | | | | | Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | average burde | 3235-0287 n 0.5 |
| 1. Name and Address of Reporting Person* <u>TAGLICH MICHAEL N</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AIR INDUSTRIES GROUP</u> [AIRI] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | |
| (Last) | , , , , , , | | | | | 3. Date of Earliest Transaction (Month/Day/Year) Office 06/02/2023 Office | | | | | | | | | r (give title) | • | Other (s below) | pecify | |
| | GLICH BRO | | | | 5/02/2023 Line) | | | | | | | e) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | | | |
| | (Street) COLD SPRING HARBOR NY 11724 | | | | Form filed by More than One Report Person Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | rting | | | |
| (City) | (Si | tate) | (Zip) 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. | | | | | | | | | | | | ed to | | | | |
| | | Tabl | e I - Non | -Deriva | ative \$ | Sec | uritie | s Ac | quired, D | isp | osed | of, or | Ben | eficia | lly Owne | d | | | |
| Date | | | | 2. Transa Date (Month/D | | Ex if a | 2A. Deemed Execution Date, f any (Month/Day/Year | | Code (Instr. | | | | | Benefic Owned | ities F icially (I d Following (I | | n: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | t (A) or P | | Price | | nsaction(s) str. 3 and 4) | | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transac Code (In 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | Amou Secur Under Deriva | 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) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | OI N Of | umber | | | | | |
| Stock Option ⁽¹⁾ | \$3.5 | 06/02/2023 | | | A | | 1,000 | | (2) | 05/ | /31/2028 | Comm Stoc | | ,000 | \$0 | 1,00 | 0 | D | |

Explanation of Responses:

1. Amended to correct number from 10,000 to 1,000 in columns 5, 7 and 9.

2. Vests as to 250 shares on each of June 2, 2023, June 30, 2023, September 30, 2023 and December 31, 2023.

/s/ Michael N. Taglich

** Signature of Reporting Person

06/22/2023 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.