FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHAN | IGES IN BEI | NEFICIAL C | WNERSHIP |
|-----------|---------|-------------|------------|-----------------|

| 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

| Name and Address of Reporting Person* Cholawsky Elizabeth | | | | | 2. Issuer Name and Ticker or Trading Symbol GSI TECHNOLOGY INC [GSIT] | | | | | | | (Che | elationship o ck all applic Director | able) | g Pers | 10% Ov | vner |
|--|---|---------------------|----------------|---|---|--|--------|---|--|---|--|---|--|--|------------------------|---------------------------|--------|
| (Last) | , | irst) LOGY, INC. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022 | | | | | | | | Officer below) | (give title | e title Other below | | pecify |
| 1213 ELKO DRIVE | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SUNNY | VALE C | A | 94089 | | | | | | | | |) | Form fil | led by Mor | | rting Persor One Repor | - 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned For Reported | Form (D) or ollowing (I) (In: | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | (A) or (D) Price | | Transacti | ansaction(s) str. 3 and 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) | vative Conversion Date Execution Date, Irran Irity or Exercise (Month/Day/Year) if any Cod | | Transa Code | saction e (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisal | le | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$1.87 | 10/31/2022 | | A | | | 28,342 | 08/15/202 | 3 (1)(2) | 10/31/2032 | Common Stock | 28,342 | \$0 | 28,34 | 12 | D | |

Explanation of Responses:

- $1. \ Subject to the \ Reporting \ Person's \ continued \ service \ to \ the \ Issuer, \ the \ option \ vests \ and \ becomes \ 100\% \ exercisable \ on \ August \ 15, \ 2023.$
- 2. Reporting Person shall vest in 100% of the unvested and outstanding portion of the option immediately prior to, but contingent upon, the consummation of a Change in Control prior to August 15, 2023.

/s/ Douglas Schirle, Attorneyin-Fact

11/01/2022

** Signature of Reporting Person

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.