FORM 4

UN

Washington, D.C. 20549

IITED STATES SECURITIES AND EXCHANGE COMMISS	ION
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OMB APPROVAL

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	OMB Number:	3235-0287							
	Estimated average burden								
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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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Jisser Ken</u>						2. Issuer Name and Ticker or Trading Symbol authID Inc. [AUID]										eck all appl	tionship of Reporti all applicable) Director		10% Ov	vner
(Last) (First) (Middle) C/O AUTHID INC. 1580 N. LOGAN STREET SUITE 660 UNIT 51767 (Street) DENVER CO 80203				EΤ	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024										Office below	r (give title)		Other (s	specify	
					- 4. If	If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) Form	ividual or Joint/Group Filin Form filed by One Rep Form filed by More that Person			n			
(City)	(S	•	(Zip)																	
1. Title of Security (Instr. 3) 2. Tra			2. Trans	action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, :	3. Transaction Code (Instr.					(A) or	5. Amo Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								-	Code	v	Amount		(A) or (D)	Price	Transa (Instr. 3	nnsaction(s) str. 3 and 4)			(Instr. 4)	
Common	Stock, \$0.0	0001 par value p	able II -	Deriva		Sec						sed of onverti	f, or			Owned	1,475	<u> </u>	D	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transactio		5. Number of		6. D Exp	Date Exer Diration D Donth/Day/	ble and	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Amount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				÷	Code	v	(A)	(D)	Date			xpiration ate	Title		mount or lumber of shares					

Explanation of Responses:

\$8.67

\$5.48

\$2,64

Stock

Stock

Stock

Options⁽²⁾

Options

Options⁽¹⁾

- 1. The shares underlying the stock options vest monthly over a period of 12 months.
- 2. The shares vest annually in equal amounts over a three-year period.
- 3. Reflects the weighted average purchase price. The range of prices for such transactions is \$6.35 to \$6.65. Open market purchase transactions were made on the same day at different prices through a trade order executed by a broker-dealer. The reporting person has reported on a single line all such transactions that occurred within a one dollar price range. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer or a shareholder of the issuer, full information regarding the number of shares sold at each separate price.

08/13/2024

06/28/2023

03/14/2023

Commo

\$0.0001

par value per share Common

\$0,0001

par value per share Common Stock,

\$0.0001

par value per share

08/13/2034

06/28/2033

03/14/2033

15,627

3,125

12,500

12/10/2024

15,627

3,125

12,500

D

D

D

** 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.