FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / la : 4	D C	20540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
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

1. Name and Address of Reporting Person* White Jacqueline L.				2. Issuer Name and Ticker or Trading Symbol authID Inc. [AUID]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
wille.	<u>Jacqueiiii</u>	<u>е L.</u>												X Directo	r	10%	Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2023								Officer (give title Other below) below				y	
C/O AU	THID INC.															-::: (0) 1		
1385 S. COLORADO BLVD. BLDG A STE 322					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line))le	
													X Form filed by One Reporting Person					
(Street) DENVER CO 80222				Form filed by More than One Reporting Person														
					Rul	Rule 10b5-1(c) Transaction Indication												
(City) (State) (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.														
		Tal	alo I. Nor	Dorive					quired, D			.,						
			Jie i - Noi			_				ish							_	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F	es ally	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Ind	7. Nature of Indirect Beneficial Ownership		
							(monanbay) real)			v	Amount (A) or (D)		or Price	Reported Transact (Instr. 3 a	ion(s)	,		(Instr. 4)
									uired, Dis	•		•	•	Owned				
1. Title of Derivative Security (Instr. 3)			tion Derivative Ex		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and A of Securities Underlying Derivative St (Instr. 3 and		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Owner: Form: y Direct or Indi (I) (Inst	ship of I Bei D) Ow ect (Ins	Beneficial Ownership (Instr. 4)						
										Т			Amount	1	Transaction(s)	n(s)		
				Co	ode \	,	(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	or Number of Shares					
Stock Options ⁽³⁾	\$0.685	06/28/2023			A		125,000		06/28/2023	06/2	28/2033	Common Stock, \$0.0001 par value per share	125,000	\$0.685	125,000	D		
Stock Options ⁽²⁾	\$3.03								09/20/2022	09/2	20/2032	Common Stock, \$0.0001 par value per share	34,966		34,966	D		
Stock Options ⁽²⁾	\$15.16								12/29/2021	12/2	29/2031	Common Stock, \$0.0001 par value per share	10,238		10,238	D		
Stock Options ⁽¹⁾	\$7.8								06/09/2021	06/0	09/2031	Common Stock, \$0.0001 par value per share	62,500		62,500	D		

Explanation of Responses:

- 1. The shares vest annually in equal amounts over a three-year period.
- 2. The shares vest monthly in equal amounts over a one-year period.
- 3. The shares underling the stock options vest over a period of 12 months.

/s/ Jacqueline L. White

06/30/2023

** 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.