| SEC For | FORM | 4 | UNITED |) STAT | ES S | ECUI | | | | | | ANGE | co | MMIS | SION | | | | | |
|--|---|--|--|-----------------------|--|--|---------|---------------|---|------------|---|--|------------|---|---|--|---|---|--|--|
| | | | | | Wasl | hingto | n, D.C. | 2054 | 9 | | | | | | OMB | APPRO | VAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | nt to Secti | ion 16 | 6(a) of | the Se | curitie | _ | HIP | Estim | OMB Number: 3235-0 Estimated average burden hours per response: | | 3235-0287 n 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] Kumnick Phillip L | | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O AUTHID INC. 1325 S. COLORADO BLVD., BUILDING A, SUITE 322 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2022 | | | | | | | | | | X Director 10% Owner Officer (give title Other (specify below) below) | | | | | |
| (Street) DENVER CO 80222 | | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Та | able I - Non | n-Deriva | tive S | ecuriti | es A | cqu | ired, I | Disp | osed | of, or | Bene | ficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/E | | | | | Executi if any | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Ins | | | ecurities Acquired (A) c posed Of (D) (Instr. 3, 4 pount (A) or (D) Pri- | | | 5. Amoun Securities Beneficial Owned Fo Reported | s Ily | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amoun | Price | | | Transactio | Insaction(s) str. 3 and 4) | | | (1130.4) | | | |
| Common Stock, \$.0001 par value | | | | | | | | | | | | | | | 134, | ,939 | | D | | |
| | | | Table II - I | Derivati (e.g., pu | | | | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | te, 4. Cod | e (Instr. | 5. Number of | | 6. Da Expi | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4) | | ount of erlying | 8. Price of Derivative Security (Instr. 5) | 9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | e Ownersh s Form: Illy Direct (D or Indirec g (I) (Instr. | Ownership | Beneficia) Ownershi ct (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exer | cisable | Exp Dat | e e | Title | | ount or nber of res | | | | | | |
| Stock Options ⁽¹⁾ | \$3.03 | 09/20/2022 | | A | | 34,966 | | 09/2 | 20/2022 | 09/2 | 20/2032 | Commo Stock \$0.000 par valu per shar | | 4,966 | \$3.03 | 34,966 | | D | | |
| Stock Options ⁽¹⁾ | \$ 15.16 | | | | | | | 12/2 | 29/2021 | 12/2 | 29/2031 | Commo Stock, \$0.000 par valu per shar | 1 e 1 | 0,238 | | 10,23 | 38 | D | | |
| Stock Options ⁽²⁾ | \$7.2 | | | | | | | 05/0 |)5/2021 | 05/0 | 05/2031 | Commo Stock, \$0.000 par valu per sha | 1 29 | 2,352 | | 292,3 | 51 | D | | |
| Stock Options | \$2.1 | | | | | | | 05/2 | 2/2020 | 05/2 | 22/2025 | Commo Stock, \$0.000 par valu per shar | 1,1 | 11,111 | | 1,111, | 111 | D | | |
| Stock Options | \$1.65 | | | | | | | 12/1 | 0/2019 | 12/3 | 10/2029 | Commo Stock, \$0.000 par valu per sha | 1 10 | 0,000 | | 100,0 | 00 | D | | |

Explanation of Responses:

1. The shares vest monthly in equal amounts over a one-year period.

2. 283,334 of the shares vest upon meeting performance criteria.

/s/ Phillip Kumnick

** Signature of Reporting Person

09/22/2022

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.