FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ngton,	D.C.	20549			

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).

## 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*  Dunn Timothy J				2. Issuer Name and Ticker or Trading Symbol <u>AEye, Inc.</u> [ LIDR ]      3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  Officer (give title Other (specify							
(Last)	(Fir	st) (N	(Middle)			01/01/2024								below		ille	bel		
ONE PARK PLACE, SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)					X Form filed by One Reporting Person														
DUBLIN	UBLIN CA 94568				Form filed by More than One Reporting Person														
(City)	y) (State) (Zip)			Rule 10b5-1(c) Transaction Indication													7		
						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.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,		е,			. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an i)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		l lin		instr. 4)	
Common	Stock			01/01/202	24			A	П	13,585(1)	A	\$0	62,55	62,552(2)		)		٦	
Common Stock														950	(2)	I		Dunn Family Trust U/A/D 7/10/2001 <sup>(3</sup>	3)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any				4. Transa Code ( 8)		of		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. Owners Form: Direct ( or Indir (I) (Inst	Benefici Owners ect (Instr. 4)	ect ial hip	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. As permitted by the Issuer, the Reporting Person opted to receive equity in lieu of some or all of their quarterly cash compensation for service as a member of the Board of Directors of the Issuer.
- 2. Effective December 26, 2023, the Common Stock of the Issuer underwent a 1-for-30 reverse stock split (the "Reverse Stock Split"). The number of securities reported on this Form 4 have been adjusted to reflect the Reverse Stock Split.
- 3. The Dunn Family Trust U/A/D 7/10/2001 ("Dunn Family Trust") is affiliated with Mr. Dunn, and the shares held by the Dunn Family Trust are beneficially owned by Mr. Dunn, who is the Trustee.

## Remarks:

Andrew S. Hughes, by power of attorney previously filed

01/03/2024

\*\* 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.