FORM 4

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UN.

ITED STAT	ES SECURITIES	AND EX	XCHANGE (COMMISSION
	Washington	n, D.C. 2	20549	

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours par rosponse	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

(Print or Ty	pe Response	es)																			
Name and Address of Reporting Person * Klepper Robert Samuel				2. Issuer Name and Ticker or Trading Symbol SHOTSPOTTER, INC [SSTI]								5. Re	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) C/O SHOTSPOTTER, INC., 7979 GATEWAY BLVD., STE. 210				r	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2018								X	X Officer (give title below) Other (specify below) SVP Marketing and Products							
(Street) NEWARK, CA 94560				•	4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ F	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)						Table I - Non-Derivative Securities Acqui									uired,	ired, Disposed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day	ansaction ath/Day/Year)		2A. Deemed Execution Date any (Month/Day/Ye				nsaction 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) Ow Tra		5. Amount of Securities Beneficially Dwned Following Reported Fransaction(s) Instr. 3 and 4)		Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	direct ficial ership		
								Cod	de	V	An		A) or (D)	Pric	e				(I) (Instr. 4)		
Common	Stock		04/03/201	8				A			10, (1)	620 A	A	\$ 0	10,6	520			D		
Derivative Conversion Date Security or Exercise (Month/Day/Year)		3A. Deemed Execution Date, if		f Transaction of Code Deriv (Instr. 8) Securical Acquires (A) of Disposition (D)		es Acquired, Disprrants, options, commber descriptions and control of the control		inedispose	ned in this formisplays a current osed of, or Bene onvertible secure tercisable and a Date		7. Title and		to respoi	nd unless nber. 9. Number	of 10. Owner: Form of Derivation Securit Direction India	ship of B tive O (I (D) rect	1. Nature f Indirec eneficia wnershi nstr. 4)				
					Cod	e V	7 (A)) (D)	Ex	ate xercisal		Expirati Date	on	Title	e	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 29.22	04/03/2018			A		59,9			<u>(2)</u>		04/02/2	2028		nmon tock	59,938	\$ 0	59,938	D		
Repor	ting O	wners																			
Report	ing Owner	Name / Address			Relationships																
-			Director	10% C	Owner	Offic	er			0			er								
Klepper Robert Samuel C/O SHOTSPOTTER, INC. 7979 GATEWAY BLVD., STE. 210				SVP Marketing and Pro						luct	s										

Signatures

NEWARK, CA 94560

Robert S. Klepper, by /s/ Ron A. Metzger, Attorney-in-Fact	04/04/2018		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * 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).
- (1) Represents Restricted Stock Units ("RSUs"). 35% of the RSUs will vest on March 19, 2019 and 21.667% will vest upon each anniversary thereafter. Notwithstanding the foregoing, vesting shall terminate upon the Reporting Person's termination of Continuous Service.
- (2) 25% of the grant vests on the one-year anniversary of April 3, 2018 and then following such one-year anniversary, 1/48th of the grant vests monthly for 36 months, subject to Reporting Person's Continuous Service.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.	