FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				Rela	ationships									
Repor	ting O	wners												
				Code V	(A) (D)	Date Exe		Expiration Date	Title	Amount or Number of Shares				
, ,	Derivative Security				Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Inst. 4)	r. 3 and	_	Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (E or Indirects) (I) (Instr. 4))	
Derivative Security	2. Conversion or Exercise Price of		Year) Execution Da	te, if Transaction Code Year) (Instr. 8)	5. Number of Derivative	and Expiration Date (Month/Day/Year)		Amo Unde	tle and ount of erlying crities	8. Price of Derivative Security (Instr. 5)		Ownersh Form of	p of Indirect Beneficial Ownership	
			(Derivative Securit e.g., puts, calls, w	arrants, op	tions	s, conver	tible secur	ities)					
Reminder: I	Report on a s	separate line fo	or each class of secur	ities beneficially or	wned direc	Pers	sons wh	o respon	m are	not requ		formation spond unles trol number	s	1474 (9-02)
Common	Stock		09/10/2021		S		92	D \$	6.51	16,365]	D	
				(Month/Day/Year)	Code	V	Amoun	(A) or (D) I	Price	(Instr. 3 a	nd 4)			Ownership (Instr. 4)
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Following (s)	Ownership Form:	7. Nature of Indirect Beneficial
(City) (State) (Zip)			Ta	rivative S	Securities .	Acqui	nired, Disposed of, or Beneficially Owned							
(Street) NEWARK, CA 94560				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O SHOTSPOTTER INC., 7979 GATEWAY BLVD, STE. 210				3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021						X Officer (give title below) Other (specify below) SVP Public Safety Solutions				
(Print or Type Responses) 1. Name and Address of Reporting Person * BUNYARD GARY T				2. Issuer Name and Ticker or Trading Symbol SHOTSPOTTER, INC [SSTI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
Print or Tyr	e Responses	s)												

Signatures

BUNYARD GARY T C/O SHOTSPOTTER INC.

NEWARK, CA 94560

/s/ Gary T. Bunyard	09/14/2021				
**Signature of Reporting Person	Date				

Reporting Owner Name / Address

7979 GATEWAY BLVD, STE. 210

10%

Owner

Officer

SVP Public Safety Solutions

Other

Director

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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, 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.