FORM 4

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

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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

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1. Name and Address of Reporting Person *- Stewart Alan R.				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					
(Last) (First) (Middle) 39300 CIVIC CENTER DR., SUITE 300, 39				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022									X_Officer (give title below) Other (specify below) Chief Financial Officer					
(Street)				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						
FREMONT, CA 94538 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership of Form:	Beneficial				
			(Month/Day/Year)		Cod	de	V.	Amount	(A) or (D)		(Instr. 3 and 4)				Ownership (Instr. 4)			
Common	Stock		02/17/2022				A			.8,925 <u>1)</u>	A	\$ 0	102,	,057			D	
Common	Stock												4,75	0			I	By 401k Plan (2)
Common	Stock												3,750			I	By 401k Plan (3)	
Reminder:	Report on a s	separate line for each	a class of securities l	beneficia	lly o	wned d	rectly	F	Person n this	s who re	not re	equired	d to r		unless the	ion contai form	ned SEC	C 1474 (9-02)
			Table II -							osed of, o			Own	ed				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction 3A. Deemed			4. 5. Nur Transaction of Der Code Securi			6. Date Exercisal Expiration Date (Month/Day/Year boosed) (Month/Day/Year)			ercisable and Date 7. Title of Und Securit		itle and Amount Inderlying Irities Ir. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction	Owner Form of Deriva Securin Direct or India (s) (I)	Ownersh cy: (Instr. 4) (D) rect	
				Code	V	(A)	(D)	Date	e ercisable	Expirat Date	ion	Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)
Stock Option (Right to Buy)	\$ 26.5	02/17/2022		A		31,88	7		<u>(4)</u>	02/16	/2032	Comn		31,887	\$ 0	31,887	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stewart Alan R. 39300 CIVIC CENTER DR., SUITE 300 39 FREMONT, CA 94538			Chief Financial Officer				

Signatures

/s/ Alan R. Stewart	02/25/2022
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"). The RSUs will vest and become exercisable in a series of 16 successive and equal quarterly installments measured from February 16, 2022, subject to Reporting Person's continued employment on each anniversary.
- (2) Shares are held by Alan R. Stewart 401k Plan.
- (3) Shares are held by Jennifer K. Stewart 401k Plan.
- (4) The Stock Options will vest and become exercisable in a series of 48 successive equal monthly installments measured from February 16, 2022, subject to Reporting Person's continued employment on each anniversary.

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.