## FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							
hours per response	e: 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	1011 10.																	
1. Name and Address of Reporting Person* <u>Guttman-McCabe Christopher</u>				2. Issuer Name and Ticker or Trading Symbol Anterix Inc. [ ATEX ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Guuma	<u>m-ivicCat</u>	<u>e Christophe</u>	<u>r</u>	-			_	,					Dire			10% Ow		
(Last)	/E	ret)	(Middle)									_	✓ Office below	er (give title w)		Other (s below)	pecify	
(Last) (First) (Middle) 3 GARRET MOUNTAIN PLAZA				3. Date of Earliest Transaction (Month/Day/Year) 01/16/2025							Chief Reg & Comm Officer							
SUITE 4		IIIII I DIL																
					If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				"		indinioni,	Date	or originar r	iicu i	(Monan Be	.y, rear,	Liı			p :ş	g (Oncon rip)	Jiiodibio	
WOODL	AND N	J	07424											•		orting Persor	I	
PARK													Forr Pers		re thar	n One Repor	ting	
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac				Transactio	ction 2A. Deemed 3. 4. Securities Acquired (A Execution Date, Transaction Disposed Of (D) (Instr. 3,					ount of	6. Ov		7. Nature					
			onth/Day/Y				Code (Instr.				,	Benef Owne	cially d Following	ally (D)o	or Indirect   I	Beneficial Ownership		
			•			` <del>  `                                  </del>		Amount (A) or B			Repor	ted action(s)	''		(Instr. 4)			
					Code V Amount (A) 01 P				Price	(Instr. 3 and 4)								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
				g., puts,	call	<del>-</del>	_		_									
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		Code	ransaction of ode (Instr. Derivative		Expiration Date of Securi (Month/Day/Year) Underlyii Derivativ			7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price Derivative Security (Instr. 5)		e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
												Amount						
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Number of Shares						
Starls				Code	<u> </u>	(*)	(5)	LAGICISADIG	15	aid	Title	Silaies	+	+				
Stock Option (Right to Buy)	\$27.83	01/16/2025		Α		67,774		(1)	0	1/16/2035	Common Stock	67,774	\$0	67,77	74	D		

## Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable in three equal annual installments with vesting commencing on January 16, 2025, subject to the Reporting Person's continuous service to the Issuer through each such vesting date.

## Remarks:

s/ Gena L. Ashe, Attorney-in-

Fact

\*\* Signature of Reporting Person

Date

01/21/2025

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.