FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
Washington, D.C. 20549	

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

OMB Number:	3235-02
OMB Number: Estimated average burd	den
hours per response:	(

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 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

monuci	tion 10.																		
Name and Address of Reporting Person* Gray Timothy				2. Issuer Name and Ticker or Trading Symbol Anterix Inc. [ATEX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Ulay L	<u>шиошу</u>							-	•					Direct			10% Ow		
(Last)	/E	iret)	(Middle)					_					_	Office below	r (give title)		Other (specification)	pecify	
(Last) (First) (Middle) 3 GARRET MOUNTAIN PLAZA				3. Date of Earliest Transaction (Month/Day/Year) 01/16/2025								Chief Financial Officer							
SUITE 401																			
JOIL	O1																		
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WOODL	AND N	T	07424											Form	filed by One	Repor	rting Persor	۱	
PARK	14.	,	07424											Form Perso	filed by More n	than	One Repor	ting	
(City)	(6	toto)	(7in)																
(City)	(5	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	r. 3)		2. Transac						4. Securities Acquired (A)				5. Amou				7. Nature	
Date (Month/D							Code (Instr. 5)			tr. 3, 4 an	Benefic	ially	Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial				
				(Month/Day/Yea			ır) 8)		1 100				d	(I) (INS		Ownership Instr. 4)			
									Code	٧	Amount	(A) or (D)	Price	Transac (Instr. 3	and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		'							, options					· · · · · · · · · · · · · · · · · · ·					
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numb	er	6. Date Exe			7. Title an		8. Price of	9. Number		10.	11. Nature	
					ansaction of Expiration Date of Securities ode (Instr. Derivative (Month/Day/Year) Underlying							Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
							Securities Acquired		Derivative Secu (Instr. 3 and 4)				Security	(Instr. 5)	Beneficially Owned			Ownership (Instr. 4)	
	Security					(A) or						iu 4)		Following		(l) (Instr. 4)	(111301. 4)		
					Disposed of (D) (Instr. 3, 4 and 5)				Instr.						Reported Transaction(s) (Instr. 4)		n(s)		
							2, . unu	-,		Т			Amount	1					
													or Number						
				Co	de	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares						
Stock					+		1.,	` ,		╁	•					\dashv			
Option (Right to	\$27.83	01/16/2025		A	۸		40,664		(1)	0	1/16/2035	Common Stock	40,664	\$0	40,664		D		
Buy)												SIUCK							
						_					_		_						

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.

- * 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.