| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person [*] <u>Wald Jeffrey S</u> | | | 2. Issuer Name and Ticker or Trading Symbol Steel Connect, Inc. [STCN] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|-----------|------------------|---|---|--|-----------------------|--|--|--|--|
| | | | L | X | Director | 10% Owner | | | | |
| (Last) C/O STEEL C | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2022 | 1 | Officer (give title below) | Other (specify below) | | | | |
| 1601 TR APEI | O ROAD SI | UTE 170 | | | | | | | | |
| 1601 TRAPELO ROAD, SUITE 170 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | | |
| WALTHAM | MA | 02451 | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Ben | eficially | v Owned | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|-----------|---------------|---------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock, \$0.01 par value | 10/01/2022 | | A | | 18,283(1) | Α | \$0.00 | 462,178 | D | |

| | | | | | _ | | | 1 1 | | | | | | | |
|--|---|--|---|------------------------------|---|-----------------|-----|--|--------------------|---|--|---|--|--|--|
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares acquired are shares of restricted stock awarded pursuant to the Issuer's 2020 Stock Incentive Compensation Plan (the "Incentive Compensation Plan"). Except as otherwise provided in the Incentive Compensation Plan, the shares of restricted stock vest on October 1, 2023, provided that the reporting person remains a director of the Issuer on such vesting date.

By: /s/ Maria Reda, as Attorney-in-Fact for Jeffrey S. 10/04/2022 Wald

** Signature of Reporting Person Date

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.