FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
l	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	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).

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

Name and Address of Reporting Person*  Descriptors, Johnson							2. Issuer Name <b>and</b> Ticker or Trading Symbol pdvWireless, Inc. [PDVW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Pescatore John</u>							pay tructess, me. [ 1D v w ]								X Director			10% Ow	ner		
(Last) (First) (Middle)																Officer (give title below)		Other (specify below)			
` '	`		3. Date of Earliest Transaction (Month/Day/Year) 08/17/2017								CEO and President										
3 GARRET MOUNTAIN PLAZA SUITE 401							00/1//201/														
SUITE 4	01																				
				4. If Amendment, Date of Original Filed (Month/Day/Year) 08/18/2017								Individual or Joint/Group Filing (Check Applicable Line)									
WOODLAND		T	07424			X Form filed by One Rep										Repo	porting Person				
PARK	143		07 124												Form filed by More than One Reporting						
															Person						
(City)	(S	tate)	(Zip)																		
		Tak	ole I - Nor	n-Deriv	ative	e Se	curities	AC	quired	Dis	posed o	of, or Be	nefic	cially	Owned						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispos Code (Instr. 5)		n Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securiti Benefici Owned I		es Formally (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount (A) or (D)		ice	Reported Transact (Instr. 3 a	ion(s)		1	Instr. 4)			
		-	Table II -												Owned	,					
			,	(e.g., p	uts,	can	s, warra	ants	, optio	ns, c	converti	bie seci	ırıtıe	S)							
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. Transaction Code (Instr. 8)				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)		
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber							
Stock Option (Right to Buy) <sup>(1)</sup>	\$28.1	08/17/2017			A		50,000		(2)		08/17/2027	Common Stock	50,0	000	\$0.00	50,000	)	D			

## **Explanation of Responses:**

- 1. The original Form 4 Report filed on August 18, 2017 incorrectly reported the stock option as an issuance of restricted stock units on Table I. On August 17, 2017 the Reporting Person received a stock option award with an exercise price set at the closing market price of the Issuer's Common Stock on the date of grant.
- 2. 25% of the option shares vest and become exercisable on August 17, 2018 with the remaining shares vesting in 3 equal annual installments thereafter.

## Remarks:

11/13/2017 /s/ John Pescatore

\*\* 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.