FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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)

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

Instruct	uon 10.																	
1. Name and Address of Reporting Person* Gerbrandt Ryan				2. Issuer Name and Ticker or Trading Symbol Anterix Inc. ATEX							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Gerbrai	nut Kyan						L	•						Directo	r		10% Ow	ner
(Last)	/E	irst)	(Middle)									_	1	Officer below)	(give title		Other (s below)	pecify
(Last)	`	,	(ivildale)				t Tran	saction (Month	n/Day/Year)				Cl	nief Opera	ating	Officer	
3 GARRET MOUNTAIN PLAZA				10/04/2024										•	Ĭ			
SUITE 401																		
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
WOODL	AND N	ī	07424										1	Form fi	led by One	Repo	orting Persor	ı
PARK	14.	J	07424											Form fi Person		e than	One Repor	ting
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	tr. 3)		. Transac	tion	2A. Deen		3.			ties Acquir			5. Amoui				'. Nature
Date (Month/D			Date Month/Da	ay/Year) Execution Date if any (Month/Day/Yea		Code (Instr. 5)		d Of (D) (Instr. 3, 4 ar		Beneficia Owned F		ally (D) of (D) of (D) (I) (Ir	(D) or	or Indirect E	of Indirect Beneficial Ownership			
							Code	v	Amount	unt (A) or P		9	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e	.g., pu	ts, ca	ılls, war	rants	s, optic	ns,	converti	ble secu	ırities)					
1. Title of Derivative Security (Instr. 3)	Perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Cod	ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)				ies g Securit	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Date		Expiration		Amour or Number of	er		, , , ,			
				Cod	de V	(A)	(D)	Exercis	able	Date	Title	Shares	1					<u> </u>
Stock Option (Right to Buy)	\$35.66	10/04/2024		A		61,462		(1)		10/04/2034	Common Stock	61,46	2	\$0	61,462	2	D	

Explanation of Responses:

1. The option shares vest on the third anniversary of the grant date, subject to (i) the Reporting Person's continued service with the Issuer through this date and (ii) the Issuer's common stock achieving a specified price per share during the three-year period.

Remarks:

s/ Gena L. Ashe, Attorney-in-**Fact**

10/08/2024

** 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.