FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Mahan Pahart Michael		Date of Event Retement (Month/l	_ ' " .	3. Issuer Name and Ticker or Trading Symbol NETWORK-1 TECHNOLOGIES, INC. [NTIP-NYSE]							
(Last) 87 MADISON A #433 (Street) PARK RIDGE (City)		(Middle) 07656 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below) Chief Financial O	10% Owner Other (speci below)	fy (Mo	onth/Day/Year) Individual or Joint/ Dicable Line) X Form filed by	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
·· · ····· - · · · · · · · · · · ·						nt of Securities Ily Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Cor		Conversion or Exercise	5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Robert M. Mahan</u> <u>12/23/2022</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).