FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	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).

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

1(0). 0	ee instruction i	···																		
Name and Address of Reporting Person*     MCCLELLAND THOMAS						2. Issuer Name <b>and</b> Ticker or Trading Symbol FREQUENCY ELECTRONICS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WCCLELLAND THOMAS					FEIM ]									Director  Officer (give title below)			10% O\			
						,												Other (s	specity	
(Last)	(Fir	/	Middle)		2 De											Presiden	t and	CEO		
C/O FREQUENCY ELECTRONICS INC					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024															
55 CHARLES LINDBERGH BLVD					11/01/2027															
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line	,					
MITCHI	EL NY	7 1	1553											1		•		orting Pers		
FIELD															Form Perso		re tha	in One Repo	orting	
(C:h.)	(04	-ta\	7: <sub></sub> \																	
(City)	(30	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	juired,	, Dis	posed of	, or I	3ene	ficia	lly Own	ed				
1. Title of	tion																			
Date (Month/Day					y/Year)	if any	cution Date, ny nth/Day/Year)		Transaction Disposed Of (D) (Code (Instr. 5)			)) (Instr. 3, 4 and		and Securities Beneficially Owned Following		Form: Direct (D) or Indirect	of Indirect Beneficial			
					(Mon				8)					- Report	ted '		) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or   F	rice		ction(s) 3 and 4)				
Common Stock 11/01/2					2024				F		184(1)	Г	) ;	\$12.6	7 9	7,598		D		
		Tal	ble II -	Derivati	ve Se	curit	ties A	Acau	ired. [	Disp	osed of,	or Be	enefi	ciall	v Owne	d	,			
											onvertib				,	<del>-</del>				
1. Title of	2.	3. Transaction			4.		5. Number		6. Date Exercisable and 7. Title and				8. Price of			10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	ion Date,	Transa Code (I		of Derivative		Expirat (Month			Amount of Securities			Derivative Security			Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year				/Day/Year)	8)		Securities Acquired (A) or		Underlying					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
									Derivative Security (Ins			str.		Following	Following	(I) (Instr. 4)	(111511.4)			
							Disposed 3 and 4)			i 4)			Reported Transaction(s)							
				(Instr. 3, 4		. 3, 4							(Instr. 4)	,						
					$\vdash$		and 5	"						—						
													Amo	unt						
								Date		Expiration		Num	ber							
					Code	v	(A)	(D)	Exercis	able	Date	Title	Sha	es						

## **Explanation of Responses:**

1. Reflects reporting person's beneficial ownership as of 11/04/2024.

/s/ Steven Bernstein by power of attorney

11/04/2024

\*\* 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.