Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response:	0.5									

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1. Name and Address of Reporting Person* ZANK DENNIS W						2. Issuer Name and Ticker or Trading Symbol ITERIS, INC. [ITI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> ZANK</u>	DEMNIS	<u> VV</u>			I^{-}				•					7	Compared to the compared to	r		10% O	wner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/14/2021							Officer below)	(give title		Other (below)	specify			
1700 CARNEGIE AVENUE, SUITE 100																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						. 5 ()								Line)						
SANTA	ANA C	A	92705											7	√ Form fi	led by One	Repo	orting Perso	n	
				.										Form filed by More than One Reporting						
(City)	(0	tate)	(Zip)												Person	ı				
(City)	(3	iale)	(Zip)																	
		Tab	le I - Non	-Deriv	/ative	e Se	curities	s Ac	quired, I	Dis	posed c	of, or B	ene	ficiall	y Owned	l				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date, if any			Code (Instr. 5)					A) or , 4 and	5. Amou Securitie Beneficia Owned F	es Form		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						(Month/Day/Year			· · · · · · · · · · · · · · · · · · ·					Reported			15(1.4)	(Instr. 4)		
									Code	V	Amount (A) or (D)		or	Price	Transaction(s) (Instr. 3 and 4)					
												_		<u> </u>		J				
		-	Table II - [Owned					
			. (e.g., p	outs,	can	s, warra	ants	, option	s, c	onverti	bie sec	urit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
													Ar	nount						
									Date	.	Expiration			ımber						
					Code	v	(A)	(D)	Exercisabl		Date	Title		ares						
Restricted Stock Units	(1)	09/14/2021			A		14,625		(2)		(3)	Common	1 14	1,625	\$0	14,62	5	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock upon the vesting date.
- 2. The restricted stock units shall vest on the earlier of (a) the first anniversary of the Grant Date, or (b) the date of the next annual meeting of the Company stockholders occurring after the Grant Date.
- 3. The restricted stock units' expiration will be on the earlier of (a) the first anniversary of the Grant Date, or (b) the date of the next annual meeting of the Company stockholders occurring after the Grant Date.

Remarks:

/s/ Donald R. Reynolds, 09/15/2021 attorney-in-fact for Dennis W. Zank

** 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.