FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|---|---|---------------|------------|------------|---|--|--|-----------|---|---|-----------------------------------|---|---|--|--|--|--|---|--|--------------------------|
| 1. Name and Address of Reporting Person * BURKI SHAHID | | | | | | 2. Issuer Name and Ticker or Trading Symbol NETSOL TECHNOLOGIES INC [NTWK] | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) C/O NETSOL TECHNOLOGIES, INC., 23975 PARK SORRENTO, SUITE 250 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019 | | | | | | - | Office | r (give title belo | ow) | Othe | er (specif | y below | <u>(1)</u> | | |
| (Street) CALABASAS, CA 91302 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | equir | lired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security 2. Transact (Instr. 3) 2. Transact (Month/Da | | | | | | if (| Code (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | | (D) Beneficially (Reported Trans | | Owned Following ansaction(s) | | Form: | | Indire Benef | icial | |
| | | | | (WIOIII | (Month/Day/Year) | | Code | V | | | | or Ind (I) | | lirect (Instr. 4) | | | | | | |
| Common Stock | | 07/01/2 | 2019 | 07/01/2019 | | | A | | 1,976 | A | \$ 0 (1) | 11 | 15,924 | ,924 | | D | | | | |
| Common Stock | | | | | | | | | | | | 29 | 29,500 | | | I | By S Javed Jahai Burk Fami Foun | | d and nara i | |
| Reminder: | Report on a s | separate line | | Table II - | Deriv | ative Secu | riti | es Acqui | Pe co the | rsons wh ntained i e form dis Disposed | ho respondin this is splays | form a cu | are rren cially | not requ tly valid | ction of inf uired to res OMB conf | spond u | nless | SE | C 147 | 4 (9-02) |
| 1. Title of | 2 | 3. Transacti | ion 3A | A. Deemed | | outs, calls, | | rrants, o | | ns, conver Date Exer | | | | le and | 8. Price of | 9 Numb | ner of | 10. | | 11. Nature |
| | Conversion or Exercise Price of Derivative Security | | y/Year) Ex | xecution D | ate, if | Transactio Code | on 1 () () () () () () () () () (| | an (N | Date Exel d Expirati Ionth/Day | on Date Ame (Year) Und Seco | | Amou Inde Secur Instr | unt of orlying rities : 3 and | | Derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ve es ally ng d tion(s) | Owner Form Deriva Securi Direct or Ind | vnership rm of rivative curity: rect (D) Indirect | of Indirect Beneficia |
| | | | | | | Code V | V | (A) (D | | | Expirat Date | tion T | Γitle | Amount or Number of Shares | | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BURKI SHAHID C/O NETSOL TECHNOLOGIES, INC. 23975 PARK SORRENTO, SUITE 250 CALABASAS, CA 91302 | X | | | | | | |

Signatures

| /s/ Shahid Burki | 07/03/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (1) Issued as compensation for services rendered.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.