

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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

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

| 1. Name and Address of Reporting Person * | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|--------------|--------------------------|--|-----------|---|-----------|--------------------|-----------------|----------|--|---|---|--|---|--|--|
| Trautmann 1 | Erwin | | | | At | ome | era In | c [ATO | M |] | | | | | 100 | | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director X Officer (g | X_ Director 10% Owner X Officer (give title below) Other (specify below) | | | | | |
| C/O ATOMERA, INC., 750 | | | | | 12/1/2020 | | | | | | | | See Remark | s | | | |
| UNIVERSIT | | | ITE 2 | 80 | | | | | | | | | | | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | YY) 6. Individual | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| LOS GATOS, CA 95032 (City) (State) (Zip) | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | | | | | | | • | | • | | Beneficially Own | | | | |
| 1.Title of Security (Instr. 3) 2. Trans. E | | | | | | 3. Trans. Co (Instr. 8) | de | or Disposed of (D) | | | . Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (nstr. 3 and 4) | | | 6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership | | | |
| | | | | | | Code | V | Amour | (A) or (D) | Pric | ee | | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common Stock 12/1/202 | | | | 20 | | | S | | 456 (1 | D | \$9.5 | 50 | 97740 | | | | |
| | Tab | ole II - Dei | rivative 3A. Deen | | | | eficially | • | | | | | ts, options, conve | | urities) 9. Number of | 10. | 11. Nature |
| Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date | Execution Date, if an | | | Derivativ Acquired Disposed (Instr. 3, | | of (D) | Expiration Date | | | Deriva | ities Underlying ative Security . 3 and 4) | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Form of Derivative Security: | of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | ode | V | (A) | (D) | Date Exer | cisable | Expiration Date | | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Represents the number of shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock grants that were previously reported. This sale is to satisfy mandatory non-discretionary tax withholding obligations by a "sell to cover" transaction.

Remarks:

The Reporting Person is the Executive Vice President of Strategic Business Development of Issuer.

Reporting Owners

| Donorting Oxymon Names / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Trautmann Erwin C/O ATOMERA, INC. 750 UNIVERSITY AVENUE, SUITE 280 LOS GATOS, CA 95032 | X | | See Remarks | | | | |

Signatures

/s/ Erwin Trautmann, by Mindi Zimmer, as Attorney-in-Fact

**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 control

