FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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).

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 * Boller Kenneth | | | | 2. Issuer Name and Ticker or Trading Symbol Akoustis Technologies, Inc. [AKTS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 9805 NORTHCROSS CENTER CT, SUITE A | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019 | | | | | | | X | X Officer (give title below) Other (specify below) Interim CFO | | | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ Fo | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| HUNTEI (City | | NC 28078 (State) | (Zip) | | | | | | | | | | | | | | | |
| | | (State) | | | | Ta | | | - | | | | | | | Beneficially | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execu any | | on Date, if | Code (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) | | of (I | f (D) Benefici Reported | | unt of Securities ially Owned Following d Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Mont | onth/Day/Year) | | | ode | V | Amour | (A) or | Pric | | nstr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | 11/25/2019 | | | | | (1) | | 500 | D | \$ 7.3 | 48.0 | 48,900 | | | D | | |
| | | | Table II - 1 | | | | | t quired | he fo | orm dis | splays a of, or Bei | curi nefic | rently v ially Ow | alid | OMB conf | spond unle rol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da | 4. te, if Transaction Code Year) (Instr. 8) | | 5. Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. A U | Title an mount of nderlying ecurities nstr. 3 an | f g nd | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code | v | (A) | | Date Exerc | cisable | Expiration Date | On Ti | or Num of Shar | | | | | |

Reporting Owners

| | | Relationships | | | | | | |
|---|------------------------------------|---------------|--------------|-------------|-------|--|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| ĺ | Boller Kenneth | | | | | | | |
| | 9805 NORTHCROSS CENTER CT, SUITE A | | | Interim CFO | | | | |
| | HUNTERSVILLE, NC 28078 | | | | | | | |

Signatures

| /s/Kenneth Boller by Andrew Wright, attorney-in-fact | 11/27/2019 |
|--|------------|
| **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) These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 18, 2018. These shares were sold in order to cover the reporting person's tax liability incurred in connection with the vesting of restricted stock units on November 23, 2019.

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.