FORM 4

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

Washington,	D.C. 20549
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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(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Rose Travis					2. Issuer Name and Ticker or Trading Symbol Array Technologies, Inc. [ ARRY ]									Check all	app Direc	licable) tor	ng Pe	rson(s) to Is	vner
(Last) 3901 MI	(Fir	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024										Officer (give title below)  Chief Reven			Other (s below) Officer	specify
(Street) ALBUQUERQUE NM 87109 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable lee)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially O	wn	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution D y/Year) if any		ution Date,		3. 4. Securitie Transaction Code (Instr. 8) 5,		es Acquired (A) Of (D) (Instr. 3, 4		and Securi Benefi Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	nount (A) or (D)		Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, par value \$0.001 per share 03/05/2					2024				F		405(1)	D	\$14	.14 63		3,546 <sup>(2)</sup>		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (linstr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	l <sub>v</sub>	(A)	(D)	Date Exercis	ahle	Expiration Date	Title	of Shares						

## **Explanation of Responses:**

- 1. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting and settlement of Restricted Stock Units.
- 2. The reported ownership includes 785 shares of common stock acquired on June 30, 2022, 862 shares of common stock acquired on December 31, 2022, 474 shares of common stock acquired on June 30 2023, and 594 shares of common stock acquired on December 31, 2023, in each case pursuant to the Issuer's Employee Stock Purchase Program.

## Remarks:

/s/ Tyson K. Hottinger, as

03/07/2024

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 Number.