FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF 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 A DEFRAN	· ·	2. Date of E Requiring S (Month/Day 08/03/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol TRANSACT TECHNOLOGIES INC [TACT]						
(Last) 80 SERAFII	(First) N COURT	(Middle)	30,00,202		Relationship of Reporting Issuer (Check all applicable) Check all applicable Chec			File	If Amendment, Date of Original ed (Month/Day/Year)	
(Street) HAMDEN (City)		06518 (Zip)			Director X Officer (give title below) Chief Accountin	10% Owner Other (specify below) g Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				[2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
E (1)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date		Amount or Deriva Securion Number of Shares		ve or Indirect		5)

Explanation of Responses:

William DeFrances

08/26/2022

** 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 5 (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.