FORM 4

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 |
|----------------|------|-------|
| vvasiliigtori, | D.C. | 20343 |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPRO | DVAL |
|------------------------|---------------------------------------|
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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* Mondor Dan | | | | | 2. Issuer Name and Ticker or Trading Symbol INSEEGO CORP. [INSG] | | | | | | | | (Che | elationshi eck all app K Direc | olicable) | ng Person(s) to I | | |
|--|--|------|--|---------|---|---|------------|--|---------|--|----------------------|---------|--|---|---|--|-----------------------|--|
| (Last) (First) (Middle) 9605 SCRANTON ROAD, SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019 | | | | | | | | 7 | X Officion below | , | Other (specify below) | |
| (Street) SAN DII | | | 92121 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line |) <mark>X</mark> Forn Forn | al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deri\ | /ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or I | 3ene | ficiall | y Own | ed | | |
| | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | v | Amount | (A) or (D) Pri | | Price | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common | ommon Stock 05/1 | | | | /2019 | 2019 | | J ⁽¹⁾ | | 2,588 A S | | \$3.187 | 5 1 | 03,227 | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | tr. 3 | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Shares acquired through the Company's employee stock purchase program.

Remarks:

<u>Dennis Calderon, Attorney-in-</u> Fact <u>05/16/2019</u>

** 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.