FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	OMB APPROVAL						
OMB Number:	3235-0104						
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

SWENSON SUSAN (N			Date of Event equiring Staten Month/Day/Year 6/08/2012	nent	3. Issuer Name and Ticker or Trading Symbol NOVATEL WIRELESS INC [ NVTL ]						
(Last) (First) (Middle) 9645 SCRANTON ROAD					ationship of Reporting Perso k all applicable) Director	son(s) to Issuer  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 205					Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) SAN DIEGO	CA	92121								by More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct (D)   (I	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expi			2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Price of Derivativ Security			

**Explanation of Responses:** 

No securities are beneficially owned.

By: Patrick T. Waters For: Susan Swenson

06/11/2012

Date

\*\* Signature of Reporting Person

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).