FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OMB APPROVAL							
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hours per response:	0.5							

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 Address of Reporting Person* Bowers Stephanie Lynne			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/15/2021 3. Issuer Name and Ticker or Trading Symbol INSEEGO CORP. [INSG]							
(Last) (First) (Middle) C/O INSEEGO CORP.					Relationship of Reporting Person(s) to Issuer (Check all applicable)) to	5. If Amendment, Date of Original Filed (Month/Day/Year)			
9710 SCRANTON ROAD, SUITE 200					X Director Officer (give title below)	10% Owner Other (spec below)	(specify	(Ch	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting		
(Street) SAN DIEGO	CA	92121						X	Person	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. I)	Form: D	n: Direct Owner or Indirect		Nature of Indirect Beneficial vnership (Instr. 5)		
Common St	ock				524	Γ	•				
Common St	ock				524 Securities Beneficia nts, options, converti	lly Own	ed)			
	ock ivative Securit	(e.g.		s, warran	Securities Beneficia	Ily Own	ed	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Kurt E. Scheuerman, Attorney-in-Fact

** Signature of Reporting

12/06/2021

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).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.