| SEC For | rm 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|--|--|------|---|-----|--|------------|-------------------------|---|--|-----------------------------|---|--|---|--|--|
| | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | | | | | |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | | | IT OF CHANGES IN BENEFICIAL OWN | | | | | | | | | _ | Estima | | | per: average burd esponse: | 3235-0287 en 0.5 |
| 1. Name and Address of Reporting Person [*] de Graaf Raymond | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Cambium Networks Corp</u> [CMBM] | | | | | | | | (Chec | k all app Direc | licable) | 10% Owne | | | |
| (Last) (First) (Middle) C/O CAMBIUM NETWORKS, INC. 3800 GOLF ROAD, SUITE 360 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2020 | | | | | | | | - X biller (give fue of the (specify below) below) Senior VP, Operations | | | | | | |
| (Street) ROLLING IL 60008 MEADOWS | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | son | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Bene | ficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transau Date (Month/Date) | | | | Execution Date, | | | 3.4. SecuritieTransactionDisposed 0Code (Instr.5)8) | | | | | | 5. Amo Securit Benefic Owned Report | ties cially Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | | Price | Transa | ed ction(s) 3 and 4) | | | (Instr. 4) | | |
| Ordinary Shares 08/21/ | | | | | | 2020 | | | S | | 400 | I |) | \$15.5 | 62,716 | | | D | |
| | | Tal | | | | | | | | | osed of, o convertib | | | | Ownee | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | Date, Transa Code (I | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia) Ownershi ct (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Amor or Nur of Title Sha | | | | | | | |

Explanation of Responses:

<u>/s/ Raymond de Graaf</u>

** Signature of Reporting Person Date

08/26/2020

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.