FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average but	ırden
hours per response	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 * Roller Robert					2. Issuer Name and Ticker or Trading Symbol WPCS INTERNATIONAL INC [WPCS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
	S INTERN	(First) NATIONAL 521 RAILROAI	(Middle) O AVENUE	3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017				X	X_Officer (give title below) Other (specify below) President, Operating Unit						
(Street) SUISUN CITY, CA 94585				4. If Aı	4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fo:	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
(City)	(State)	(Zip)				Tab	le I - Non-Der	ivative Securities	Acquired, I	isposed of,	or Benefic	ially Owned		
1.Title of Se (Instr. 3)	curity		2. Transaction Date (Month/Day/Ye	Execution any		Date, if	Code (Inst	e (. r. 8) (.	A) or Disposed of (Instr. 3, 4 and 5) (A) or (A) or (D)	(D) Owned Transa	ount of Secu I Following action(s) 3 and 4)	urities Bener Reported	O Fo D or (I	wnership orm: B irect (D) O Indirect (I	eneficial wnership
	anart on a co	narate line for each	class of securities be	neficiall	v owr	ned directly	v or i	indirectly							
Reminder: R	eport on a se	pulate into 101 caes.			vativo	e Securitie	es Ac	Persons this for current	s who respond to m are not requir ly valid OMB con sed of, or Benefic	ed to respo ntrol numb ially Owned	ond unless er.			SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table I 3A. Deemed Execution Date, if	4. Transac Code	etion	e Securitie , calls, was	es Acrean of (A)	Persons this for current	m are not requir ly valid OMB con sed of, or Benefic nvertible securities isable and tte	ed to respo ntrol numb ially Owned	Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I 3A. Deemed Execution Date, if any	4. Transac Code	etion	e Securition, calls, want of the securities Securities Securities Acquired (for Dispose (D)) (Instr. 3, 4	es Acrean of (A)	Persons this for current equired, Dispots, options, co	m are not requir ly valid OMB con sed of, or Benefic nvertible securities isable and tte	ed to respontrol numb ially Owned es) 7. Title and of Underlyi Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Roller Robert C/O WPCS INTERNATIONAL INCORPORATED 521 RAILROAD AVENUE SUISUN CITY, CA 94585			President, Operating Unit		

Signatures

/s/ Robert Roller	05/02/2017
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The options were granted under the WPCS International Incorporated 2014 Equity Incentive Plan. 75,000 options vested immediately upon granting, and 100,000 options will vest upon the Issuer closing on a merger or acquisition transaction by the date of the next annual meeting of the shareholders.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.