FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|--|---|--|--|--|---------------|---|-------------|--|--|--|--|--|--|--|--------------------------|--|--------------------|----------------------------------|
| 1. Name and Address of Reporting Person * Joseph Zvi | | | | 2. Issuer Name and Ticker or Trading Symbol AYRO, Inc. [AYRO] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 900 E. OLD SETTLERS BOULEVARD, SUITE 100 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2020 | | | | | | | • | Office | r (give title belo | ow) | Other (specif | y belov | w) | |
| (Street) ROUND ROCK, TX 78664 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 09/29/2020 | | | | | | | 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) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | (Instr. 8) | | | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | | f (D) Beneficia Reported | | nt of Securities ally Owned Following I Transaction(s) | | Form: | ip of Be | 7. Nature of Indirect Beneficial |
| | | | | (Month/Day/Yea | | | Code | V | Amou | nt (A | r | Price | (Instr. 3 a | , | | Direct (D or Indirec (I) (Instr. 4) | ndirect (Instr. 4) | |
| Common Stock 09/2 | | 09/29/2020 | | | | A | | 75,41 (1) | 2 A | 5 | \$ 0 | 79,478 | | | D | | | |
| | | | | | itive Securi | | 1 cquire | the fo | rm dis | splays | s a c Bene | urren ficiall | itly valid | | spond unle trol numbe | | | ` |
| 1 Tid C | 12 | 2 75 4 | | | uts, calls, w | | | | | | | | .1 1 | 0 D : C | 0 N 1 | C 10 | | 11.37. |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/) | Execution Data | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | | Owne Form Deriv Secur Direct or Ind | of ative ity: t (D) | Beneficial Ownershij (Instr. 4) | | |
| | | | | | Code V | (A) | | Date Exerc | isable | Expira Date | ntion | Title | Amount or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Joseph Zvi 900 E. OLD SETTLERS BOULEVARD, SUITE 100 ROUND ROCK, TX 78664 | X | | | | | |

Signatures

| /s/ Zvi Joseph | 12/28/2020 |
|---------------------------------|------------|
| **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).
- The reporting person's original Form 4 indicated that 2,362 shares of this grant vested in full on the date of grant, and the remaining 73,050 shares of this grant would vest in full on December 31, 2020. On December 24, 2020, the issuer and the reporting person mutually agreed to amend the vesting terms of the remaining 73,050 shares of this grant, with such shares now vesting in full on May 28, 2021, provided that the reporting person has remained employed by or is providing services to the issuer through the applicable vesting date.

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.