FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

OMB APPROVAL 3235-0287 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

1. Name and Address of Reporting Person* HUNT T KENDALL					2. Issuer Name and Ticker or Trading Symbol OneSpan Inc. [OSPN]								5. Relationship of Reportir (Check all applicable) Director			ıg Peı X	10% O	wner	
(Last) (First) (Middle) 110 N. WACKER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021										below	er (give title		Other (below)	specify	
MAIL CODE: IL4-110-17-00					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person					on
CHICAC	GO IL	6	60606										Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficially Owned Following		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	nount (A) or Pric		е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, \$0.001 par value				12/10/2021					S		11,651	D	\$16	5.13(1)	13 ⁽¹⁾ 3,294,15		D		
Common Stock, \$0.001 par value				12/13/2021					S		28,609	D	\$16	5.69 ⁽²⁾	9(2) 3,265,547		D		
Common Stock, \$0.001 par value															89	1,668		I	By the Barbara J. Hunt Marital Trust and By Spouse
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Pate Security Or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		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 Securities Underlying Derivative Security (Ins 3 and 4)		8. F Der Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exercisable		Expiration Date		Amour or Number of Shares	er					

Explanation of Responses:

- 1. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.94 to \$16.59 per share, inclusive. The reporting person undertakes to provide OneSpan Inc., any security holder of OneSpan Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth.
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.94 to \$16.93 per share, inclusive. The reporting person undertakes to provide OneSpan Inc., any security holder of OneSpan Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth.

/s/ Steven R. Worth, Attorney in Fact

12/13/2021

** Signature of Reporting Person

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 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.