FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Com any Act of 1940

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |
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| 1. Name and Address of Reporting Person [*] Waters Bryan W. | | | 2. Issuer Name and Ticker or Trading Symbol Galaxy Gaming, Inc. [GLXZ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---------|---------|---|--|--|--|--|--|--|
| (Last) (First) (Middle) | | () | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | Officer (give title Other (specify below) below) | | | | | |
| 6480 CAMERON STREET SUITE 305 | | ITE 305 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LAS VEGAS | NV | 89118 | | 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 | | | | | | | | | |

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. Transac Code (Ir 8) | | 4. Securities Ad Disposed Of (D | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|-----------------|---------------------------------|---|------------------------------------|--------|--------|----------------------------------|---|---|
| | | | Code | v | Amount | (A) or | | (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 09/30/2022 | 09/30/2022 | Α | | 5,435(1) | Α | \$2.76 | 519,526 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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|--|---|--|---|---------------------------------|---|---|------------------------------------|--|--------------------|--------------------------------|--|--|--|---|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | 5. Num Derivat Securit Acquin or Disp (D) (Ins and 5) | tive ties ed (A) posed of | 6. Date Exerc Expiration Da (Month/Day/) | ate | Securities Un Derivative Se | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Shares were received in connection with the Reporting Person's service on the Issuer's Board of Directors.

Remarks:

/s/ Bryan W. Waters

** Signature of Reporting Person

10/28/2022

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.