## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECUI	KH	IE2	AND	EXCHANGE	COMINISSION

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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

	e conditions of struction 10.	Rule 10b5-1(c).																	
Name and Address of Reporting Person*     Zenner Marc					2. Issuer Name <b>and</b> Ticker or Trading Symbol OneSpan Inc. [OSPN]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner						
														Director				· I	
(Last) (First) (Middle)  1 MARINA PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								Officer (give title Other (single below) below)				specify		
		DRIVE																	
UNIT 1410				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)													ine)	F 6	lad by One	D	utina Dana	_	
BOSTO	N M	[A	02210										1		,		orting Person One Repo	I	
				_										Persor		e urar	i One Repo	ung	
(City)	(S	tate)	(Zip)																
		Tab	le I - Non-De	rivativ	e Sec	uritie	s Ac	quired, l	Disp	posed o	of, or Be	enefici	ally (	Owned	i				
Date			ransaction e nth/Day/Ye	ear) E	A. Deemed xecution Date, any //onth/Day/Year		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,		4 and Securi Benefi Owner		ties Fo cially (D) I Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	nount (A) or (D)		.	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Т	able II - Deri (e.g					uired, Di s, option						wned					
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/Yea	Code		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 Securi (Instr. 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	e E	xpiration ate	Title	Amour or Number of Shares	r						
Restricted Stock	\$0.00 <sup>(1)</sup>	01/02/2025		A		6,635		(2)		(2)	Common Stock	6,635	\$ \$0	0.00 <sup>(1)</sup>	6,635		D		

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of OSPN common stock.
- 2. The securities acquired are deferred restricted stock units which will vest on January 2, 2026, subject to the terms and conditions of the award agreement. Once they have vested, the shares underlying these deferred restricted stock units will be delivered to the reporting person on the earlier to occur of the reporting person's cessation of service on the issuer's Board of Directors or a change of control of the issuer.

## Remarks:

/s/ Lara Mataac, Attorney in

01/06/2025

**Fact** 

\*\* 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.