FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

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

| Name and Address of Reporting Person* Hillo Aviv | | | | | 2. Issuer Name and Ticker or Trading Symbol Blink Charging Co. [BLNK] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|--|------------------|--------|------|---|---|--|-----|--|---|--|--|---------------|---|---|---|-------------------------------|--|--|--|
| (Last) | (First) | (Mi | iddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | | | | | | | X | Officer (g below) | ive title | | Other (specify below) | | | |
| C/O BLINK CHARGING CO. | | | | | | | | | | | | | | | General Counsel | | | | | |
| 605 LINCOLN ROAD, 5TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) | | | | | | | | | | | | | | X | | • | • | ng Person ne Reportin | a Porcon | |
| , , | MIAMI BEACH FL 33139 | | | | | | | | | | | | | | i omi me | a by More | liiaii O | пе перопп | g r erson | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | te E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owne Following Reporte | | Form: | Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 and | | | | (Instr. 4) | |
| Common Stock, par value \$0.001 per share 09/3 | | | | | 30/2022 | 2 | | | F | | 1,725(| 1,725 ⁽¹⁾ D | | \$20.77 | 103,301 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, | | | ate, | Code (Instr. | | 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) | | te | 7. Title and Am Securities Und Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | lly | 10. 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. This transaction represents the withholding of shares of Common Stock to satisfy the tax withholding obligations following the vesting of shares of restricted stock.

/s/ Aviv Hillo

10/04/2022

** 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.