FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

| STATEMENT | OF | CHANGES | IN | BENEFICIAL |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
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| 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* LEWIS ADAM M | | | | | 2. Issuer Name and Ticker or Trading Symbol PHOTRONICS INC [PLAB] | | | | | | | | neck all app | , | | | | | |
|---|--|--|-----------------|--------------------------------|--|---|--|-----|--|---|--|---|--------------|---|--|----------------------|--|--|-------------|
| (Last) | (Fi | | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022 | | | | | | | | X Direct Office below | er (give title | | Other (sbelow) | | |
| (Street) BROOK (City) | FIELD CT | | 6804 Zip) | | 4. If A | | | | | | | | Lin | e) X Form | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or | Bene | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | 3. Transaction Disposed Of (D) (Instr. 3 5) | | | | | es Form ially (D) o Following (I) (Ir | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | |
| | | | | | | | | | | v | Amount | (A (D | (A) or (D) | | Transa | ction(s) 3 and 4) | | | (IIIsti. 4) |
| Common Stock 05/18/2 | | 2022 | | A | | 12,000 ⁽¹⁾ | | A | \$ <mark>0</mark> | 13 | 12,000 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, (Day/Year) | 4. Transa Code (8) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. 25% of the restricted stock awards granted will vest quarterly over one year.

/s/Richelle E. Burr, attorneyin-fact for Adam M Lewis

05/20/2022

** Signature of Reporting Person

OWNERSHIP

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.