FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Type Respons | | * | | | | | | | 5 D.1 (| and in CD | D | (-) t- I | |
|---|---|--|---|---|-------------------------|--|--|-----------------|--|--------------------------------------|--|--|------------------------------------|
| 1. Name and Address Johnston Cesar | 2. Issuer Name and Ticker or Trading Symbol Energous Corp [WATT] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O ENERGOUS CORPORATION, 3590 NORTH FIRST STREET, SUITE 210 | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | X Officer (give title below) Other (specify below) COO & EVP, Engineering | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| SAN JOSE, CA 9 | | | | | | | | | | ou by more than | . One responding r | Cison | |
| (City) | (State) | (Zip) | Та | ble I - No | n-Der | ivative S | Securities . | Acqui | red, Disp | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | (A) or Disposed of (D (Instr. 3, 4 and 5) | | | D) Beneficially Owned Follow Reported Transaction(s) | | Following (s) | 6. Ownership Form: | Beneficial |
| | | | (Month/Day/Year) | Code | V | Amour | (A) or | Price | (Instr. 3 a | nd 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | 01/04/2021 | | S ⁽¹⁾ | | 8,562 | D S | \$ 1.89 | 366,649 |) | | D | |
| | | | Derivative Securiti (e.g., puts, calls, wa | | cont the f ed, Di | ained i orm dis | n this for splays a c | m are curren | not requently valid | OMB con | formation spond unles trol number | s | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) Conversio or Exercis Price of Derivative Security | e (Month/Day/ | Year) Execution Da | te, if Transaction Code Year) (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | and l (Mor | nd Expiration Date Month/Day/Year) | | | ttle and bunt of erlying prities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) |
| | | | Code V | (A) (D) | Date Exer | | Expiration Date | Title | Amount or Number of Shares | | | | |
| Reporting (| Owners | | | Relatio | onshir | os | | | | | | | |

10%

Owner

Officer

COO & EVP, Engineering

Other

Director

Signatures

SAN JOSE, CA 95134

Johnston Cesar

| /s/ Bill Mannina, Attorney-in-Fact | 01/05/2021 |
|------------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

Reporting Owner Name / Address

3590 NORTH FIRST STREET, SUITE 210

C/O ENERGOUS CORPORATION

- * 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).
- (1) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.