FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| l | OMB APPRO | JVAL |
|---|------------------------|-----------|
| l | OMB Number: | 3235-0287 |
| | Estimated average burd | len |
| l | hours por rosponso: | 0.5 |

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

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* <u>Leabman Michael Aaron</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Energous Corp [WATT] | | | | | | | | | elationship of the contract of | cable) | g Pers | son(s) to Issa 10% Ow | | |
|---|---|--|---|-----------------|---|---|----------------|---------|----------------|--|---------------------------------------|----------------|---------------------------------------|--|---|---|--------------------------|--|---------------------------------------|
| (Last) C/O ENI | ` | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Da 02/21/2018 | | | | | | | | | _ | (give title | | Other (s below) | |
| 3590 NORTH FIRST STREET, SUITE 210 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) SAN JOSE CA 95134 | | | | | _ 02 | 02/23/2018 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | ole I - Nor | n-Deri | vativ | e Se | curit | ties Ac | quire | d, Di | sposed o | of, or E | ene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. 5) | | | | | es Formally (D) of Following (I) (II) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Cod | le V | Amount | (A) or (D) | | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | |
| Common Stock 02/21 | | | | 21/201 | /2018 | | M ⁽ | l) | 52,00 | 52,000 A | | \$6 | 152,279 | | | D | | | |
| | | 7 | Table II - | | | | | | | | posed of converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | Expira | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | rities /ing | mount curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | able | Expiration Date | Title | OI N Of | umber | | | | | |
| Stock Option (right to buy) | \$6 | 02/21/2018 | | | M ⁽¹⁾ | | | 52,000 | (2 | | 03/25/2024 | Commo Stock | | 2,000 | \$0 | 104,73 | 6 | D | |

Explanation of Responses:

- 1. This option exercise was mistakenly omitted from the original Form 4 filed by the Reporting Person on February 23, 2018. The shares underlying the option were sold, as previously reported in the original
- 2. 1/8th of the stock options vested on March 26, 2014. 1/48th of the remaining stock options vest monthly thereafter, subject to the Reporting Person's continued service to the Company.

/s/ Bill Mannina, Attorney-in-03/09/2018 **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.