Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* DODSON J MICHAEL				2. Issuer Name and Ticker or Trading Symbol Energous Corp [WATT]							(Che	ck all app	ationship of Reporting k all applicable) Director		rson(s) to Is				
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024									Office below	er (give title /)		Other (s below)	specify	
C/O ENERGOUS CORPORATION 3590 FIRST STREET, SUITE 210					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				.		
(Street) SAN JOS	SE CA	A 9	5134		Bul	Form filed by More than One Report Person										orting			
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								to a cor Instruct	a contract, instruction or written plan that is intended to struction 10.					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execu ny/Year) if any		Deemed oution Date, / th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)		es Acquired (A) o of (D) (Instr. 3, 4) or 4 and		ties cially I Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Report Transa (Instr. 3	action(s) 3 and 4)			(Instr. 4)
Common Stock 01/02/2					2024			A		1,250(1)	A	\$	0.00	2) 4,	,236(3)		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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	ber					

Explanation of Responses:

- 1. The restricted stock units ("RSUs") vest as to 100% of the award on January 2, 2025, subject to the Reporting Person's continued service to the Issuer through such date. The RSUs were granted to the reporting person pursuant to the Company's Non-employee Director Compensation Policy
- 2. Each RSU represents a contingent right to receive one share of the Issuer's common stock upon settlement.
- 3. The Reporting Person's holdings have been adjusted to reflect the 1-for-20 reverse stock split of the Issuer's common stock that became effective on August 16, 2023.

Remarks:

/s/ Cesar Johnston, Attorney-

in-Fact

** Signature of Reporting Person Date

01/04/2024

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.