Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
rvasiliigion,	D.C.	20040

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

## OF CHANGES IN BENEFICIAL OWNERSHIP

**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

1. Name and Address of Reporting Person*  HOLLAND JOHN M					2. Issuer Name and Ticker or Trading Symbol OPTICAL CABLE CORP [ OCC ]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(Fii	,	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024									Office below	er (give title		Other (s below)	specify	
5290 CONCOURSE DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X Form filed by One Reporting Person					
ROANO	KE VA	. 2	4019												Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication															
	Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See									ırsuant c). See	to a contract, instruction or written plan that is intended to Instruction 10.									
		Table	I - Noi	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	ficial	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Exec ay/Year) if an		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			Benefic Owned	ies cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	) or )	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 05/17,					2024			A		9,990(1)	1) <b>A</b>		\$ <mark>0</mark>	142,944			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)		of Deriv	r osed ) r. 3, 4	6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	Amo or Num of Shar	ber						

## **Explanation of Responses:**

1. Directors of the Company receive stock and cash as compensation for their services to the Company. Director received an award of 9,990 common shares issued under the Optical Cable Corporation 2017 Stock Incentive Plan, as amended, for the stock portion of the annual retainer for the 2024-2025 board year based on a retainer value of \$30,000 at a trading price per share of \$3.003. Unless otherwise set forth in the grant award, the 9,990 common shares are subject to forfeiture until they fully vest on May 18, 2025.

/s/ John M. Holland

05/21/2024

\*\* 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.