

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response	0.5

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person <sup>†</sup> <b>Snir Nadav</b>  (Last) (First) (Middle)  <b>C/O ARBE ROBOTICS LTD.</b> <b>HAHASHMONAIM ST. 107</b>  (Street)  <b>TEL AVIV</b> <b>000000</b>  (City) (State) (Zip/Postal Code)  <b>ISRAEL</b>  (Country)	2. Issuer Name and Ticker or Trading Symbol <b>Arbe Robotics Ltd. [ ARBE ]</b>  2a. Foreign Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) Other (specify below)  <b>Vice President IC</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/22/2026</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Restricted Stock Units	04/22/2026		A		100,000	(I)	A	\$0	423,822	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

**Explanation of Responses:**

1. The Reporting Person was granted RSUs, which each represent a contingent right to receive one ordinary share of the Issuer. The RSUs fully vests on April 1, 2027 subject to the Reporting Person's continued service to the Issuer or its subsidiaries through such vesting date.

/s/ Snir Nadav

\*\* Signature of Reporting Person

04/24/2026

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.

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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person <sup>†</sup> <b>Flomenboim Karine Pinto</b>  (Last) (First) (Middle)  <b>C/O ARBE ROBOTICS LTD.</b> <b>HAHASHMONAIM ST. 107</b>  (Street)  <b>TEL AVIV</b> <b>000000</b>  (City) (State) (Zip/Postal Code)  <b>ISRAEL</b>  (Country)	2. Issuer Name and Ticker or Trading Symbol <b>Arbe Robotics Ltd. [ ARBE ]</b>  2a. Foreign Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) Other (specify below)  <b>Chief Financial Officer</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/22/2026</b>	
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Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
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			Code	V	Amount	(A) or (D)	Price			
Restricted Stock Units	04/22/2026		A		95,000 <sup>(1)</sup>	A	\$0	390,420	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

**Explanation of Responses:**

1. The Reporting Person was granted RSUs, which each represent a contingent right to receive one ordinary share of the Issuer. The RSUs fully vests on April 1, 2027 subject to the Reporting Person's continued service to the Issuer or its subsidiaries through such vesting date.

/s/ Flomenboim Karine Pinto

04/24/2026

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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1. Name and Address of Reporting Person <sup>†</sup> <b>Hacohen Shlomit</b>  (Last) (First) (Middle)  <b>C/O ARBE ROBOTICS LTD.</b> <b>HAHASHMONAIM ST. 107</b>  (Street)  <b>TEL AVIV</b> <b>000000</b>  (City) (State) (Zip/Postal Code)  <b>ISRAEL</b>  (Country)	2. Issuer Name and Ticker or Trading Symbol <b>Arbe Robotics Ltd. [ ARBE ]</b>  2a. Foreign Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) Other (specify below)  <b>Chief Marketing Officer</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/22/2026</b>	
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Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
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			Code	V	Amount	(A) or (D)	Price			
Restricted Stock Units	04/22/2026		A		85,000 <sup>(1)</sup>	A	\$0	512,364	D	

Table II – Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
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**Explanation of Responses:**

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/s/ Shlomit Hacohen

04/24/2026

\*\* Signature of Reporting Person

Date

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1. Name and Address of Reporting Person <sup>†</sup> <b>Naeh Shay</b> <hr/> (Last) (First) (Middle) <hr/> <b>C/O ARBE ROBOTICS LTD.</b> <b>HAHASHMONAIM ST. 107</b> <hr/> (Street) <hr/> <b>TEL AVIV</b> <b>000000</b> <hr/> (City) (State) (Zip/Postal Code) <hr/> <b>ISRAEL</b> <hr/> (Country)	2. Issuer Name and Ticker or Trading Symbol <b>Arbe Robotics Ltd. [ ARBE ]</b> 2a. Foreign Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) <b>Vice President Operations</b>
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/22/2026</b>	
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			Code	V	Amount	(A) or (D)	Price			
Restricted Stock Units	04/22/2026		A		95,000 <sup>(1)</sup>	A	\$0	320,792	D	

Table II – Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
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/s/ Shay Naeh

04/24/2026

\*\* Signature of Reporting Person

Date

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