FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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

					UI	Secui	011 30(11	) OI LITE	e investin	enii Cc	трапу Ас	101 1940								
1. Name and Address of Reporting Person*  BRAITHWAITE MICHAEL J						2. Issuer Name and Ticker or Trading Symbol CLEARONE INC [ CLRO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DRAITHWAITE WIICHAEL J											_				Direct			10% O	- 1	
,					_									- 1	X Office below	r (give title		Other (: below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									, Chief Stra	tegy				
5225 WILEY POST WAY, SUITE 500				12/	12/14/2016									Ì	Jiner ou u	icgy	Officer			
-					-															
(Street)					4. I	f Ame	endmen	t, Date	of Origin	al File	d (Month/I	Day/Year)		6. Ir		Joint/Group	Filin	g (Check Ap	plicable	
SALT LAKE UT 84116														X Form filed by One Reporting Person						
CITY	Ü	01		0.110												i filed by More than One Reporting				
-					-										Perso		0 11.00	Ono riopo	9	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	/ative	e Se	curiti	es A	cauirea	l. Dis	sposed	of. or E	Benef	ficial	ly Owne					
1 Title of	Security (Inc			2. Trans		_	2A. Dee		3.		<del>-</del>	rities Acqu			5. Amou		6.0	vnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D							Execution Date,		e, Tran	, Transaction Dispos		ed Of (D) (	Instr. 3	, 4 and	Securiti	ies Fori		m: Direct	of Indirect Beneficial	
					/Day/Year)		if any (Month/Day/Yea				.   5)				ed Following (i)		) or Indirect (Instr. 4)	Ownership		
								Code	v	Amoun	, (A) or <sub>D</sub>		Price	Reporte Transac	ction(s)			(Instr. 4)		
											Allioun	(D)	<u> </u>	riice	(Instr. 3	and 4)				
		Т	able II -	Deriva	tive S	Seci	urities	Acc	uired,	Disp	osed o	f, or Be	nefic	ially	Owned					
				(e.g., p	uts,	call	s, war	rant	s, optic	ns,	convert	ible se	curiti	es)						
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deeme	Date, T	4.		n of		6. Date E					8. Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise		Execution if any		Transa Code (				(Month/Day/Year) Sec Und			Amount of Securities			Derivative Security	e derivative Securities Beneficially Owned		Ownership Form:	Beneficial Ownership	
(Instr. 3)	Price of		(Month/Da		8)							Underly	Underlying Derivative Securi		(Instr. 5)			Direct (D) or Indirect		
Security (A) or Dispose of (D)						r	(Instr. 3 and 4)							Following		(I) (Instr. 4)	(Instr. 4)			
						Disposed of (D)							Reported Transaction							
						(Instr. 3, 4									(Instr. 4)					
					$\vdash$		anu 5)					1								
													or	ount						
									Date	١,	Expiration		Nui	nber						
					Code	٧	(A)	(D)	Exercisa		Date	Title		ires						
Stock				T										1			T			
Option (Right to Buy)	\$11	12/14/2016			A		500		(1)		12/14/2026	Stock	<sup>1</sup> 5	00	\$0	500		D		

## **Explanation of Responses:**

1. One-third of the options granted will vest on the first anniversary of the date of grant, which is December 14, 2017. The remaining options will vest in equal monthly increments over the subsequent 24-month period.

/s/ Michael J. Braithwaite 12/16/2016

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.