FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     Harris Ian Jiro		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/02/2022  3. Issuer Name <b>and</b> Ticker or Trading Symbol CANTALOUPE, INC. [ CTLP ]							
(Last) 100 DEERF SUITE 300	(First) FIELD LANE	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)  X Director	Person(s	,	File	ed (Month/Day/	Date of Original Year) int/Group Filing
(Street) MALVERN	I PA	19355	,		Officer (give title below)	Other below)	(specify		Form filed Person	e Line) by One Reporting by More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)										
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect		ature of Indire ership (Instr.	
Title of Sec     Common Sto					Beneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct ndirect			
				Perivative	Beneficially Owned (Instr. 4)	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Own		
Common Sto		(e.g.		Perivative Is, warran	Beneficially Owned (Instr. 4) 47,021 • Securities Beneficia	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	) rsion		

**Explanation of Responses:** 

/s/ Ian Harris

02/09/2022

\*\* 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 5 (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.