

TELENAV, INC. Reported by FRANCIS KAREN C

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/12/17 for the Period Ending 09/10/17

Address 4655 GREAT AMERICA PARKWAY

SUITE 300

SANTA CLARA, CA, 95054

Telephone (408) 245-3800

CIK 0001474439

Symbol TNAV

SIC Code 3812 - Search, Detection, Navigation, Guidance, Aeronautical, and Nautical Systems and Instruments

Industry Software

Sector Technology

Fiscal Year 06/30



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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person *								and Tick			ling Sym	bol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Francis Kar	en C				Te	elen	av, Ind	e. [TN	AV]									
(Last) (First) (Middle)				3. I	Date	of Earli	est Trans	actio	n (MM	A/DD/YYY	Y)	X Director	X _ Director10% Owner Officer (give title below) Other (specify below)					
TELENAV, INC., 4655 GREAT								9/1	0/20)17			Officer (giv	e title below	,)O	ther (specify	below)	
AMERICA	PARKW	AY, SU	ITE 3	00														
(Street)					4. I	f Ar	nendme	nt, Date (Origin	nal Fi	led (MM/	DD/YYYY	6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
SANTA CLARA, CA 95054 (City) (State) (Zip)														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	I - Non	-Der	ivat	ive Secu	ırities Ac	quir	ed, D	Disposed	of, or B	eneficially Own	ed				
1. Title of Security (Instr. 3) 2. Trans. I					2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Beneficial	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amo	(A) (D)					or Indirect (I) (Instr. 4)		
	Tak	ole II - Der	ivative	Securi	ties I	Bene	eficially	Owned (e.g.	, puts	s, calls, v	varrant	s, options, conve	rtible sec	urities)			
	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if a	n (In:	Frans. (str. 8)	Code 5. Number Derivative Acquired Disposed (Instr. 3, 4		e Securities (A) or of (D)				Securities	Underlying e Security		derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			(Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Stock Option (right to buy)	\$6.35	9/10/2017			A		147		(1)	9/11/2027	Commo Stock	on 147.0	\$0	147	D		

Explanation of Responses:

(1) This option shall vest in a number of equal monthly installments following the effective date of the grant that is equal to the number of full months beginning on the effective date of this grant, which is September 10, 2017 and until the one year anniversary of the last annual meeting of stockholders of the Company, which is November 17, 2017.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Francis Karen C							
TELENAV, INC.	X						
4655 GREAT AMERICA PARKWAY, SUITE 300	Λ						
SANTA CLARA, CA 95054							

Signatures

Michael Strambi by power of attorney for Karen C. Francis

**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 control number.