FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee instruction	10.																		
1. Name ar	2. Issuer Name and Ticker or Trading Symbol Navitas Semiconductor Corp [NVTS]									Relationship of Reporting Person(s) to Issuer (Check all applicable)										
OLICK	IVIAIN IV	<u> </u>										-		1	Direc			10% Ov		
<i>a</i> 0	_									R	Office below	er (give title v)		Other (s below)	specify					
(Last)	(Fi		3. Date of Earliest Transaction (Month/Day/Year)								Sr. V.P., CFO & Treasurer									
C/O NAV	11/05/2025										,									
3520 CH	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street)															Form filed by One Reporting Person					
TORRANCE CA 90503-1640				1640										Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																			
(City)	(31	ate) (2	<u> </u>																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date			3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 35)) or 4 and		ties cially Following	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Pri		rice		ed ction(s) 3 and 4)			(Instr. 4)	
Class A C	2025				S ⁽¹⁾		96,313	Г) {	310.50	.56 891,26			D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Idi	ole II -								oseu oi, i				Owner	u				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date ty or Exercise (Month/Day/Year) if any			ion Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

1. Reflects sales made pursuant to the issuer's policy requiring "sales to cover" of the minimum number of shares as are necessary to satisfy tax withholding obligations arising exclusively from the vesting of a compensatory award, including restricted stock units, and intending to satisfy the requirements of Rule 10b5-1(c) under the Securities Exchange Act of 1934. The reporting person does not exercise control over the timing of such sales or the number of shares sold.

Remarks:

/s/ Rachel Roepke, attorney-

** Signature of Reporting Person

in-fact

11/05/2025

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.