## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| 1. Name and Address of Reporting Person <sup>•</sup> PESSIN NORMAN H    |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          | 2. Issuer Name and Ticker or Trading Symbol<br><u>DUOS TECHNOLOGIES GROUP, INC.</u> [<br>DUOT ] |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director X 10% Owner<br>Officer (give title Other (specify |                                                                                                   |                                                                   |                     |                                                     |            |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------|------------------|------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|-----------------------------------------------------|------------|--|
| (Last) (First) (Middle)                                                 |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          | 3. Date of Earliest Transaction (Month/Day/Year)<br>09/27/2022                                  |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               | - Officer (give title Other (specify below) below)                                                                                       |                                                                                                   |                                                                   |                     |                                                     |            |  |
| 400 E. 51ST STREET<br>PH 31                                             |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)<br>10/07/2022 |     |                                                                                                |                   |                                                                 |                  |                                                |               | 6. Indi                                                                                                                                  | 6. Individual or Joint/Group Filing (Check Applicable Line)<br>Form filed by One Reporting Person |                                                                   |                     |                                                     |            |  |
| (Street)<br>NEW YORK NY 10022                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 | x                | X Form filed by More than One Reporting Person |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (City) (State) (Zip)                                                    |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
|                                                                         |                                                                       | Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | able I - No |                          |                                                                                                 |                                                                        |     |                                                                                                | -                 | Disp                                                            |                  |                                                |               | -                                                                                                                                        |                                                                                                   |                                                                   |                     |                                                     |            |  |
| Date                                                                    |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | nsaction<br>:h/Day/Year) |                                                                                                 | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)            |     | 3.<br>Transaction<br>Code (Instr.<br>8)                                                        |                   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 a |                  |                                                |               | Ind 5) Securities<br>Beneficial<br>Following                                                                                             |                                                                                                   | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) |                     | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |            |  |
|                                                                         |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                | Code              | v                                                               | Amount           |                                                | (A) or<br>(D) | Price                                                                                                                                    | Transactio<br>(Instr. 3 an                                                                        |                                                                   |                     |                                                     | (Instr. 4) |  |
| Common Stock <sup>(1)</sup>                                             |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          | 57,972                                                                                            |                                                                   |                     | D                                                   |            |  |
| Common Stock <sup>(1)</sup>                                             |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          | 09/27/2022                                                                                      |                                                                        |     |                                                                                                | С                 |                                                                 | · · · ·          | 121,571                                        |               | \$7                                                                                                                                      | 887,728                                                                                           |                                                                   | D <sup>(2)(4)</sup> |                                                     |            |  |
| Common Stock <sup>(1)</sup>                                             |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 09/3                     | 09/30/2022                                                                                      |                                                                        |     |                                                                                                | P                 |                                                                 | 333,             | 33,334 A                                       |               | \$3                                                                                                                                      | 1,221,062                                                                                         |                                                                   | D <sup>(2)(5)</sup> |                                                     |            |  |
| Common Stock <sup>(1)</sup> Table II - Derivative                       |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 | urition                                                                | . A | irad Di                                                                                        |                   | l .                                                             | or Po            | noficia                                        |               | 180,                                                                                                                                     | 911                                                                                               |                                                                   | D <sup>(3)</sup>    |                                                     |            |  |
|                                                                         |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                | options           |                                                                 |                  |                                                |               |                                                                                                                                          | eu                                                                                                |                                                                   |                     |                                                     |            |  |
| 1. Title of<br>Derivative<br>Security (Instr.<br>3)                     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | arsion Date Execution Date, Transaction Derivative Expiration Date Securities U frank of ative (Month/Day/Year) (Month/Day/Year) 8) Acquired (A) ative (Month/Day/Year) 8) Acquired (A) ative (Month/Day/Year) Acq |             |                          |                                                                                                 | and Amount of<br>ties Underlying<br>tive Security (Instr.<br>\$)       |     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)<br>Benefic<br>Owned<br>Followin<br>Reporte |                   | ve Ownership<br>es Form:<br>ally Direct (D)<br>or Indirect<br>d |                  | Beneficial<br>Ownership<br>(Instr. 4)          |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
|                                                                         |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | c                        | ode                                                                                             | v                                                                      | (A) | (D)                                                                                            | Date<br>Exercisab |                                                                 | xpiration<br>ate | Title                                          |               | Amount or<br>Number of<br>Shares                                                                                                         | rof                                                                                               |                                                                   | ion(s)              |                                                     |            |  |
| Series B<br>Convertible<br>Preferred Stock <sup>(4)</sup>               | \$7                                                                   | 09/27/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                          | С                                                                                               |                                                                        |     | 851                                                                                            | (4)               |                                                                 | (4)              |                                                | imon<br>ock   | 121,571                                                                                                                                  | \$0                                                                                               | 0                                                                 |                     | D                                                   |            |  |
| 1. Name and Address of Reporting Person*                                |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 | ,                                                                      |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| PESSIN NORMAN H                                                         |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (Last) (First) (Middle)<br>400 E. 51ST STREET<br>PH 31                  |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (Street)<br>NEW YORK NY 10022                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (City) (State) (Zip)                                                    |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| 1. Name and Address of Reporting Person <sup>*</sup><br>Pessin Brian L. |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (Last) (First) (Middle)<br>65 E. 76TH STREET                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| APARTMENT 3DE                                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (Street)<br>NEW YORK NY 10021                                           |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |
| (City) (State) (Zip)                                                    |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                          |                                                                                                 |                                                                        |     |                                                                                                |                   |                                                                 |                  |                                                |               |                                                                                                                                          |                                                                                                   |                                                                   |                     |                                                     |            |  |

| 1. Name and Address of Reporting Person <sup>*</sup><br><u>PESSIN SANDRA F</u> |                |          |  |  |  |  |  |  |
|--------------------------------------------------------------------------------|----------------|----------|--|--|--|--|--|--|
| (Last)<br>400 E. 51ST STR<br>PH 31                                             | (First)<br>EET | (Middle) |  |  |  |  |  |  |
| (Street)<br>NEW YORK                                                           | NY             | 10022    |  |  |  |  |  |  |
| (City)                                                                         | (State)        | (Zip)    |  |  |  |  |  |  |

## Explanation of Responses:

1. This Form 4 is filed jointly by Norman H. Pessin, Brian L. Pessin and Sandra F. Pessin (collectively, the "Reporting Persons"). Each Reporting Person may be deemed to be a member of a Section 13(d) group that may be deemed to collectively beneficially own more than 10% of the Issuer's outstanding shares of common stock. Each Reporting Person disclaims beneficial ownership of the shares of common stock reported herein except to the extent of his or her pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such shares of common stock for purposes of Section 16 or for any other purpose.

2. Shares beneficially owned by Sandra F. Pessin, Norman H. Pessin's spouse. Norman H. Pessin expressly disclaims beneficial ownership of such shares except to the extent of his pecuniary interest therein.

3. Shares beneficially owned by Brian L. Pessin. Norman H. Pessin and Sandra F. Pessin expressly disclaim beneficial ownership of such shares.

4. Sandra F. Pessin converted 851 shares of Series B Preferred Stock into 121,571 shares of Common Stock on September 27, 2022. The Series B Preferred Stock has no stated maturity date.

5. Sandra F. Pessin purchased 333,334 shares of Common Stock through a private placement on September 30, 2022.

| /s/ Norman H. Pessin             | 10/06/2022 |
|----------------------------------|------------|
| /s/ Sandra F. Pessin             | 10/06/2022 |
| /s/ Brian L. Pessin              | 10/06/2022 |
| ** Signature of Reporting Person | Date       |

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

 $^{\ast}$  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.