| FORM | 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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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 [*] BURNS TIMOTHY | 2. Issuer Name and Ticker or Trading Symbol Ideal Power Inc. [IPWR] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | | |
|--|--|--|------------|----------|--|--------|---|---|--|-------------------------|--|--|
| (Last) (First) 4120 FREIDRICH LANE, SUITE 1 | | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2019 | | | | | X_Officer (give title below)Other (specify below) Chief Financial Officer | | | | | |
| (Street) AUSTIN, TX 78744 | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | | uired, Disposed of, or Beneficially Owned | | | | |
| Title of Security nstr. 3) 2. Transaction Date (Month/Day/Yea | | Execution Date, if | (Instr. 8) | ion V | 4. Securi (A) or Di (Instr. 3, Amount | (A) or | f(D) | Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--------------------------------------|--|--------------------------|--------------------|------|-----------|--|---|-------------|---|-----------------|--|------|---|------------|--|
| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | Execution Date, if | Code | tion) | 5. Numbo of Deriva Securities Acquired or Dispos of (D) (Instr. 3, and 5) | mber rivative 6. Date Exercisable and Expiration Date (Month/Day/Year) sposed) . 3, 4, | | eable and 7. Title and Amount of Underlying ear) Securities | | Security Securities (Instr. 5) Beneficially Owned Following | | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial | |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (Right to Buy) | \$ 2.85 | 10/28/2019 | | А | | 14,000 | | <u>(1)</u> | 10/28/2029 | Common Stock | 14,000 | \$ 0 | 14,000 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| BURNS TIMOTHY 4120 FREIDRICH LANE SUITE 100 AUSTIN, TX 78744 | | | Chief Financial Officer | | | | | |

Signatures

| /s/ Timothy Burns | 10/30/2019 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

* 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).

(1) The stock option was granted under the issuer's Amended & Restated 2013 Equity Incentive Plan. The stock option vests in three equal annual installments beginning on the first anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.