SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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 [*] Wilks Matthew			2. Date of E Requiring S (Month/Day 01/18/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>DAWSON GEOPHYSICAL CO</u> [DWSN]						
(Last) 508 WEST (Street) MIDLAND (City)		(Middle) TE 800 79701 (Zip)			Issuer	lationship of Reporting r :k all applicable) Director Officer (give title below)	10% C	wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed Person	int/Group Filing : Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Sect			2. Amount of Securities Beneficially Owned (Instr. I) (D) or In (I) (Instr		virect Ownership (Instr. 5) direct						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Convers or Exerc	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiration Date	Title		Amount Deriva or Securi Number of Shares		ve or Indirect		5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.



01/27/2022

Date

** Signature of Reporting Person

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

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

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