FORM 4

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

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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 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														
	. Name and Address of Reporting Person * Evans Aicha			2. Issuer Name and Ticker or Trading Symbol Joby Aviation, Inc. [JOBY]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last) (First) (Middle) C/O JOBY AVIATION, INC., 2155 DELAWARE AVENUE, SUITE #225				3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022						Officer (give title below) Other (specify below)				
(Street) SANTA CRUZ, CA 95060				4. If Amendment, Date Original Filed(Month/Day/Year)				_X_ F	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 Acquired, Disposed of, or Beneficially Own					icially Owner	i					
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	any	med n Date, if Day/Year)		(8)	A) or Disposed of Instr. 3, 4 and 5) (A) or (D)	f (D) Own Trans	5. Amount of Securities Beneficial Owned Following Reported Transaction(s) (Instr. 3 and 4)		I C F I C C (Ownership or Born: Birect (D) O	Nature Indirect eneficial wnership nstr. 4)
Reminder: Re	eport on a ser				o milea an	, .								
Reminder: Ro			Table II -	Derivativ	e Securiti	es Acqu	Person in this i a curre	s who respond form are not re ntly valid OMB osed of, or Benef	quired to a control nu	respond (umber.				74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	se Securitis, calls, wa 5. Nur of Des	es Acquerrants, mber rivative ities red (A) posed 3, 4,	Person in this is a curre options, co	form are not re ntly valid OMB osed of, or Benef overtible securit tercisable and Date	quired to a control nu	respond umber. ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To 10. Ownership Form of Derivative Security: Direct (D) or Indirect (E) (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	5. Nursion of Des Secur Acqui or Dis of (D)	es Acquerrants, mber rivative ities red (A) posed 3, 4,	Person in this to a curre dired, Dispositions, co of the Extended of the Expiration (Month/Date Exercisable)	form are not re ntly valid OMB used of, or Benef invertible securit itercisable and Date ay/Year) Expiration	required to a control nutricially Own ties) 7. Title and of Underly Securities	respond umber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	To 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Evans Aicha C/O JOBY AVIATION, INC. 2155 DELAWARE AVENUE, SUITE #225 SANTA CRUZ, CA 95060	X				

Signatures

/s/ Kate DeHoff, Attorney-in-Fact for Aicha Evans	03/15/2022
**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) Represents Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of common stock of the

(2) The RSUs will vest in full on the date of the next annual meeting of stockholders of the Issuer.

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.