FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SECURITIES

or Section 30(h) of the Investment Company Act of 1940

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL							
OMB Number:	3235- 0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* <u>Topline Capital Partners, LP</u>		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 09/10/2024 3. Issuer Name and Ticker or Trading Symbol Cognyte Software Ltd. [CGNT]							
(Last) 544 EUCLI	(First) D STREET	(Middle)	-		4. Relationship of Reporting Issuer (Check all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) SANTA MONICA	CA	90402			Officer (give title below)					
(City)	(State)	(Zip)						<u> </u>		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock				8,050,553	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Convers or Exerc	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		ve	or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Topline Capital Partners, LP By: Topline Capital Management, LLC, the general partner By: Collin

09/12/2024

McBirney, its Managing

Member

** Signature of Reporting Person

Date

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

- * If the form is filed by more than one reporting person, see Instruction 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.