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

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 Na | F F | - / | | | | | | | | | | | | | | |
|---|---|-----------------|--|--|---------|--|--|---|----------------------------------|------------------------------|---|--|---------------------------------------|---|--|---|
| (Print or Type Responses) 1. Name and Address of Reporting Person * Tomkiel Melissa M. | | | | 2. Issuer Name and Ticker or Trading Symbol Blade Air Mobility, Inc. [BLDE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O BLADE AIR MOBILITY, INC., 499 EAST 34TH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2022 | | | | | | | | X_Officer (give title below) Other (specify below) President and General Counsel | | | | |
| (Street) | | | | 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 uired, Disposed of, or Beneficially Owned | | | | |
| NEW YORK, NY 10016 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | es Acqui | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year |) any | tion D | d Date, if //Year) | Code (Instr. | 8) (| . Securiti A) or Dis Instr. 3, 4 | sposed o | of (D) | 5. Amount of S Owned Followi Transaction(s) (Instr. 3 and 4) | | - | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Class A 6 \$0.0001 | | tock, par value | 01/11/2022 | | | | М | | | A | 2 | 419,416 | | | D | |
| | | | Transaction 3A. Deemed Execution Date, if onth/Day/Year) any | | | | | | C | | | 4 | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 1111 | 3A. Deemed Execution Date, if | 4. Transac Code | ttion (| 5. Num of Derivat Securit Acquire (A) or Dispose | arrants, aber 6. Extive (Mies ed | | ntly val | id OMI or Bene e secur | B contro eficially (| and Amount rlying es | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported | of 10. Owners Form o Derivat Security Direct (or Indir | Ownershi (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transac Code | tion (| 5. Num of Derivat Securit Acquire (A) or | arrants, liber 6. Expenditive (Notes and arrants) Expendition (Notes arrants) Expendit | a curre uired, Disp , options, co . Date Exerc xpiration Da | ntly val | or Benee e secur | eficially (ities) 7. Title a of Unde Securition | Owned and Amount rlying es | 8. Price of Derivative Security | 9. Number Derivative Securities Beneficially Owned Following | of 10. Owners Form o Derivat Security Direct (or Indir | hip of Indirect Beneficia Ownersh: (Instr. 4) |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Tomkiel Melissa M. C/O BLADE AIR MOBILITY, INC. 499 EAST 34TH STREET NEW YORK, NY 10016 | | | President and General Counsel | | | | |

Signatures

| /s/ Melissa M. Tomkiel | 01/12/2022 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- \star 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.

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.