

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 3235- Number: 0104 Estimated average burden hours per
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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

(Print or Type Responses)										
1. Name and Address of Reporting		2. Date of Event Requiring			ring 3. Issuer Nar	3. Issuer Name and Ticker or Trading Symbol				
Person *		Statement			WESTELL	WESTELL TECHNOLOGIES INC [WSTL]				
Forster Amy T		(Month/Day/Year)								
(Last) (First) (Middle)		07/02/2007		4. Relationsh	4. Relationship of Reporting			5. If Amendment, Date Original		
750 NORTH COMMONS DRIVE						Person(s) to Issuer		Filed(Month/Day/Year)		
(Street)						(Check all applicable)		6. Individual or Joint/Group		
, , ,						Director 10% Own X Officer (give title below) Other (specific below)		Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person		
AURORA, IL 60504					title below)					
					Senior	V.P. and	C.F.O.	Person	filed by More than One Reporting	
(City) (State) (Zip)	)		Table I - Non-Derivative Securities Beneficially Owned						Owned	
1.Title of Security		•	2. A	mour	nt of Securities	3.	4	. Nature of Inc	lirect Beneficial	
(Instr. 4)					illy Owned	Ownersh		Ownership		
			(Ins	(Instr. 4)			rm: Direct (Instr. 5)			
						(D) or	(T)			
						Indirect (Instr. 5)				
			0.0			,	<u>'</u>			
Class A Common Stock				90		D				
not required number.  Table II - Derivative Se					rm displays a c					
1. Title of Derivative Security	2. Da	ate Exe	cisable	3. Title and Amount of				5.	6. Nature of Indirect	
			on Date	Securities Underlying Derivative Security (Instr. 4)			rersion	Ownership	Beneficial Ownership	
		h/Day/Ye	ar)			or Ex Price	ercise	Form of Derivative Security:	(Instr. 5)	
	_				r. 4) T		vative			
	Date	te Expiration ercisable Date		Title Am		Secu		Direct (D)		
	EXCI				Amount or Num	ber	•	or Indirect		
					of Shares			(I)		
								(Instr. 5)		
Reporting Owners										
Reporting Owner Name / Address Director 10%				Relationships						
			or 10% Ow	% Owner Officer			Other			
Forster Amy T 750 NORTH COMMONS DR AURORA, IL 60504	IVE				Senior V.P. and	d C.F.O.				

## **Signatures**

/s/ Amy T. Forster	07/03/2007
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.

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.