SEC Form 4
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Instruction 1(b).

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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

	NOVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

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

HERSHI (City)			7033 Zip)		Ru	le 10	b5-1(c)	Tran	isac	tion Indi	catior	) 1		i filed by Mo	e Reporting Pel re than One Re	
		Table	l - No	on-Deriva		satisfy th	e affirmative	defense	conditi	saction was ma ons of Rule 10 <b>posed of</b>	)b5-1(c). S	ee Instru	ction 10.		en plan that is in	ended to
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5)				I Securi Benefi	cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr 4)		
				1		(Mont	h/Day/Year)							d Following	(I) (Instr. 4)	
						(Mont	h/Day/Year)		v	Amount	(A) or (D)	Price	Repor Transa		(l) (Instr. 4)	Ownership (Instr. 4)
						(Mont	h/Day/Year)	8)	v	Amount	(A) or	Price	Repor Transa	ted action(s)	(I) (Instr. 4)	
Common	Stock	Ta		03/21/2				8) Code F		296	D	\$199.	Repor Transa (Instr. 31 2	ted action(s) 3 and 4) 2,789	(I) (Instr. 4)	
Common	Stock	Tal	ble II -	- Derivati	ive Se	curit	ies Acqu	8) Code F ired,	Disp		D or Ben	\$199.	Repor Transa (Instr. 31 2 y Owne	ted action(s) 3 and 4) 2,789		

Explanation of Responses:

/s/ Lauren H. Lacey, Agent for 03/22/2024

Jason R. Reiman

Expiration Date Amount or Number

Shares

of

Title

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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).

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Code

(A) (D)

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.

Date

Exercisable