FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

| <b>STATEMENT</b> | <b>OF CHANGES</b> | IN BENEFICIAL | <b>OWNERSHIP</b> |
|------------------|-------------------|---------------|------------------|

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 ar  |  |         | eporting Person*                        |         |   |  |  |   |       | ker or Tr  |                   | Symbol<br>W ]                                  |               |  | heck  | all app  | tor  | ng Pei   | rson(s) to Is<br>10% O<br>Other ( | wner |
|---|--|---------|---|---------|---|--|--|---|-------|--|-------------------|--|---------------|--|---|--|--|----------|-----------------------------------|------|
| (Last)  |  | (First) | ,                                       | 1iddle) |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2023  |   |       |  |                   |  |               |  | X   | below  | er (give title<br>v)<br>ef People/                                 | Adm      | below)                            | ·    |
| 680 FIFT  | TH AVEN  | NUE,    | , 24TH FLOOI                            | R       |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |       |  |                   |  |               | 6. Individual or Joint/Grou<br>Line)           |   |  |  |          |                                   |      |
| (Street)<br>NEW Y   | ORK I  | NY      | 10                                      | 0019    |   |  |  |   |       |  |                   |  |               |  | X   |  | filed by One<br>filed by Mo  |          | J                                 |      |
| (City)  |  | (State  | e) (Z                                   | ip)     |   | Rul  | Rule 10b5-1(c) Transaction Indication  |   |       |  |                   |  |               |  |   |  |  |          |                                   |      |
|   |  |         |   |         |   |  | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |       |  |                   |  |               |  |   |  |  |          |                                   |      |
|   |  |         | Table                                   | I - No  | n-Deriva  | tive S   | Secui  | rities                                      | s Acq | uired  | , Dis             | posed of                                       | , or Be       | enefici  | ally  | Own  | ed   |          |                                   |      |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |  |         | Execution Date,                         |         |   |  |  | es Acquired (A) or<br>Of (D) (Instr. 3, 4 a |       | and Securi<br>Benefi<br>Owned  |                   | ties<br>cially<br>Following                    | Forn<br>(D) c | n: Direct<br>or Indirect<br>nstr. 4)           | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |          |                                   |      |
|   |  |         |   |         |   |  |  | Code  | v     | Amount   | (A) or<br>(D) Pri |  |               | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |  |  | (1130.4) |                                   |      |
| Common  | Common Shares 09/06/20   |         |   |         | 023   |  |  |   | S     |  | 82,128            | D  | \$1.00        | 057 37   |   | 370,907  |  | D        |                                   |      |
| Common Shares   |  |         |   |         |   |  |  |   |       | 1,000  |                   |  |               | Held in<br>IRA                                 |   |  |  |          |                                   |      |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |   |         |   |  |  |   |       |  |                   |  |               |  |   |  |  |          |                                   |      |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any  |         | 4.<br>Transaction<br>Code (Instr.<br>8) |         | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Disp<br>of (D | osed<br>))<br>:r. 3, 4                                   | Expiration Da  |   | ate   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |                   | 8. Price<br>Derivati<br>Security<br>(Instr. 5) |               | derivative<br>Securities                       |   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |                                   |      |
|   |  |         |   |         |   | Code V   |  | (A)   | (D)   | Date<br>Exercis  | sable             | Expiration<br>Date                             |               |  |   |  |  |          |                                   |      |

**Explanation of Responses:** 

/s/ David Sirolly as attorneyin-fact for Bryan Olson

09/06/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

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.