FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------------------|-------------------|------------------|
|-------------------------|-------------------|------------------|

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |
| 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

| | nd Address o | f Reporting Person* T . | | | | Name an to, Inc. | | er or Tradii .TO] | ng Sy | /mbol | | | 5. Re (Che | ck all applica Director | able) | Perso | on(s) to Issu | ner |
|--|-----------------------------|---------------------------|--|---------|---|--|---------|---|-----------------------|------------------|---|--|--|--|--|-----------|---|-----|
| | (F LECTO, IN AALOES V | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023 | | | | | X | X Officer (give title below) Other (special below) Chief Executive Officer | | | | pecify | | | |
| (Street) COPENI N (City) | | State) | DK-2200 (Zip) | 4. | If Ame | endment, [| Oate of | Original F | iled (| Month/Da | y/Year) | | 6. Inc Line) | Form fil | ed by One | Repo | (Check Appl rting Person One Report | |
| | | Та | ble I - Non-D | erivati | ve Se | curitie | s Acc | quired, I | Disp | osed o | f, or B | enefi | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | е | action 2A. Deemed Execution Date if any (Month/Day/Year) | | Date, | , Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 aı | |) or 4 and 5) | Beneficia Owned Fo | s Form (D) o ollowing (I) (In | | Direct I Indirect E str. 4) (| 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | Price | Transacti | Reported Transaction(s) (Instr. 3 and 4) | | 1 | Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| | | Transa Code (| 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e s I (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Securities 1 (Instr. 3 and 4) | | | ities ng 'e Sec | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | or Nur | ount nber Shares | | (Instr. 4) | on(e) | | |
| Stock Option (right to buy) | \$1.21 | 01/04/2023 | | A | | 300,000 | | (1) | 01 | 1/03/2033 | Commor Stock | 300 | 0,000 | \$0.00 | 300,00 | 00 | D | |

Explanation of Responses:

1. 25% of the shares subject to such option vested and became exercisable on January 4, 2024 and the remainder of the shares vest in substantially equal monthly installments for a period of 36 months thereafter, subject to the Reporting Person's continuous service to the Issuer on each such date.

Remarks:

/s/ Lori Firmani, attorney-in-01/05/2023 <u>fact</u>

** 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 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.