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

| Machinatan | D C | 20E 40 | |
|-------------|------|--------|--|
| Nashington, | D.C. | 20549 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: 0 | | | | | | | | | |

| | tions may conti | nue. See | | File | | | | | | | rities Excha ompany Ac | | 1934 | | nour | s per re | esponse: | 0.5 |
|--|------------------------------|--|---|-----------------------|---------------------------------|---|-------|--|-------------------|---|---------------------------|---|--|---------------|---|--|----------------------------|------------|
| | nd Address of erback Te | Reporting Person* | | | 2. Iss | suer l | Name | and Ti | cker or Tra | ıdinç | . , | | | heck all a | ship of Reporti | ng Pe | () | |
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2023 | | | | | | | | Of | rector ficer (give title low) | | 10% O Other (below) | specify |
| | ΓΗΟΡΕDI <i>A</i> ONTIER D | ATRICS CORP. PRIVE | | | 4. If A | Amen | ıdmen | nt, Date | of Origina | l File | ed (Month/I | Day/Year) | | ne) | I or Joint/Grou | | | |
| (Street) | W IN | 1 | Warsav | v | | | | | | | | | | Fo | rm filed by Mo erson | | - | |
| (City) (State) (Zip) | | | | | $ _{\Box}$ | 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 | e I - N | on-Deriv | ative | Sec | uriti | es Ac | quired, | Di | sposed | of, or Be | enefici | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | · | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) | | | | and 5) Securities Beneficially Owned Follow | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tra | oorted nsaction(s) str. 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 08/07/2 | .023 | | | | M | | 670 | A | \$30.9 | 0.97 18,591 D | | | | |
| Common | Stock | | | 08/07/2 | .023 | | | | F | | 529(1) | D | \$39.68 | 865 | 18,062(2) | | D | |
| | | Ta | able II | - Derivat (e.g., p | | | | | | | osed of | | | | ed | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | | 4. Transac Code (II 8) | 5. saction Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | derivative Securities | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$30.97 | 08/07/2023 | | | M | | | 670 | (3) | | 09/10/2023 | Common Stock | 670 | \$30.9 | 7 0 | | D | |

Explanation of Responses:

- 1. Shares sold to satisfy exercise price obligation upon exercise of a fully vested an immediately exercisable option.
- 2. Includes restricted stock awards totaling 3,560 shares.
- 3. The stock option is fully vested and immediately exercisable.

Remarks:

/s/ Daniel J. Gerritzen, 08/09/2023 Attorney-in-fact

** 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.