FORM 4

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

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours nor roomana	. 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction																		
		of Reporting Person estment Fund						me <b>and</b> Ti			ng Symbol				elationship ck all app Direc	,		_ ` ` ′	Owner
(Last) (First) (Middle) 527 DON GASPAR AVENUE  (Street) SANTA FE NM 87505				3. Date of Earliest Transaction (Month/Day/Year)  11/20/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)									Officer (give title Other (specify below) below)						
			4. If										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(S		Zip) • I - Non-De	riva	tivo	Sor		itios Ac	auiro	-d D	isposed of	. or E	Ponof	icial	ly Own	od.			
1. Title of	Security (Ins		2. Trans Date (Month/	actio	n	2A. Exe	Dee cution	med on Date,	3. Transa Code ( 8)	action	4. Securities Disposed Of 5)	Acquire	ed (A) o	r	5. Amou Securiti Benefic	ınt of es	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	9	Reporte Transac (Instr. 3	tion(s)		ŕ	(Instr. 4)
Common	Stock		11/20	)/202	24				S		200,000	D	\$3.3	3002	2,10	8,958		I	See footnote(
		Та	ble II - Deri (e.g.								posed of, , convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Dat if any (Month/Day/Yo	е,	4. Transaction Code (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Numbo derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)
					Code	v		(A) (D)	Date Exer	cisabl	Expiration Date	Title	Amou or Numb of Share	er					
		of Reporting Person estment Fund							,		,		,						·
(Last) 527 DO	N GASPAI	(First) R AVENUE	(Middle)																
(Street) SANTA	FE	NM	87505																
(City)		(State)	(Zip)																
		of Reporting Person Capital Partne																	
(Last) 527 DO	N GASPAI	(First)	(Middle)			_													
(Street) SANTA	FE	NM	87505			-													

## **Explanation of Responses:**

(State)

(Zip)

(City)

<sup>1.</sup> The shares reported on this form are held of record by NMSIC Co-Investment Fund, L.P. ("NMSIC"). Sun Mountain Capital Partners LLC ("Sun Mountain") is the general partner of NMSIC. The controlling members of Sun Mountain are Brian Birk, Sally Coming and Lee Rand. As such, each of these entities and individuals may be deemed to share beneficial ownership of the shares held of record by NMSIC. Each of Sun Mountain, Mr. Birk, Ms. Coming and Mr. Rand disclaims beneficial ownership of the securities held of record by NMSIC.

NMSIC Co-Investment Fund, 11/27/2024

L.P., By: Sun Mountain

Capital Partners LLC, its

general partner, /s/ Brian Birk,

Name: Brian Birk, Title:

Managing Partner, /s/ Lee

Rand, Name: Lee Rand, Title: Managing Member

Sun Mountain Capital Partners

LLC, /s/ Brian Birk, Name:

Brian Birk, Title: Managing

<u>Partner, /s/ Lee Rand, Name:</u> <u>Lee Rand, Title: Managing</u>

Member

\*\* Signature of Reporting Person

Date

11/27/2024

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.