## FORM 4

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

Washington, D.C. 20549

	wasiiiigtoi		
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APF	PROVAL
OMB Number:	3235-0287

0.5

Estimated average burden

hours per response:

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

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 intende to satisfy the affirmative defense conditions of Pulla 1065.1(c) Sea
conditions of Rule 10b5-1(c). See

									<b>-</b>				1.			_			
	nd Address of Dale Crai	Reporting Person*							er or Trading IALS IN	, ,		]		Relationship of eck all applications	cable)	g Pers	on(s) to Issu		
ITCSICI	Duit Ciu				_									Directo	(give title		Other (s	· I	
(Last)	(Fi	ret)	(Middle)					Transa	action (Mont	n/Day/Ye	ear)			Officer below)	(9.10 1.10		below)		
` '	,	LN, STE 900	(iviidaic)		10/	/17/2	024							EVP and CFO					
3700 BL	KKSIIIKL .	EN, STE 700																	
(Ctroot)					- 4. If	f Ame	endment, D	Date o	f Original File	ed (Mon	th/Da	y/Year)	6. I Lin	ndividual or c	loint/Group	Filing	(Check App	olicable	
(Street)  DALLA:	S T2	7	75225											- /	led by One	Reno	rting Persor	,	
DALLA	3 12	<u> </u>	13223												•		One Report		
(City)	(91	ate)	(Zip)											Persor		0 1.14.1	one nepen	9	
(City)	(0)	ate)	(Zip)																
		Tab	le I - Noi	n-Deriv	vative	e Se	curities	Acc	quired, Di	spose	ed o	f, or Be	neficia	ly Owned	l				
1. Title of	Security (Inst	r. 3)		2. Trans	saction				3.			ties Acquire		5. Amou				7. Nature of Indirect	
Date (Month/D				/Day/Ye			,	Transaction Disposed Of (D) (Ins Code (Instr. 5)			tr. 3, 4 and	Benefici	ally (D) o		r Indirect   E	Beneficial			
						(Month/Day/Year					- Reported	Reported			Ownership (Instr. 4)				
						Code V	Amo	Amount (A) or (D)		Price	Transact (Instr. 3	Transaction(s) (Instr. 3 and 4)							
		7	Tahla II -	Doriva	ativo	Saci	uritios	V C CI	ired, Dis	nosoc	l of	or Bene	oficially	Owned					
		'							options,		,			Ownea					
1. Title of	2.	3. Transaction	3A. Deeme	d .	4.		5. Numb	ner T	6. Date Exerc	isable a	nd	7. Title an	d Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Conversion Date Execution Date, Tr		Transa	ransaction of Derivative Securities			Expiration Date of Securities (Month/Day/Year) Underlying			ies	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial					
(Instr. 3) Price of (Month/Day/Year) 8						8)	(WOIIII/Day/	Derivative Secu			Security	(Instr. 5)	Beneficially		Direct (D)	Ownership			
	Derivative Security					Acquired (Instr. 3 and 4)					nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
						Disposed of (D) (Instr.								Reported Transaction(s) (Instr. 4)					
				L		3, 4 and 5)							_						
													Amount or						
									Date				Number						
					Code	v	(A)	(D)	Exercisable	Expira Date	tion	Title	of Shares						
Restricted	(1)								(1)			Common	2 2200						
Stock Units	(1)	10/17/2024			A		2.3296		(1)	(1)		Stock	2.3296	\$0	2,838.36	5/3	D		
								$\perp$				1							

## **Explanation of Responses:**

1. Represents dividend equivalent Restricted Stock Units (DEUs) accrued in connection with a cash dividend paid by Issuer on its Common Stock. The underlying RSU award to which the DEUs relate was disclosed in a Form 4 filed on May 29, 2024.

/s/ Scott M. Wilson as

Attorney-in-Fact for D. Craig 10/21/2024

Kesler

\*\* 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.