(Street)

(City)

**NEW YORK** 

NY

(State)

1. Name and Address of Reporting Person\* Certares Holdings (Blockable) LLC

10017

(Zip)

FORM 4

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

Washington, D.C. 20549

## OMB APPROVAL

Check this box if no longer subject

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287

| obligat                                                                            | tion 16. Form 4 ions may contiretion 1(b).                                                   |                                       | Filed                                                       |                                                             |                                                                                                                                 |      |                                            |     |                                                       | curities Exch<br>Company A                                                                                       |            |                                                                              |                                                                                                 |                                                                    |                                                       | hours per r                                                              | average burde<br>esponse:                                 | n<br>0.5                 |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------|-----|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|
| 1. Name and Address of Reporting Person* <u>Certares LTRIP LLC</u>                 |                                                                                              |                                       |                                                             | 2. Is                                                       | or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  TripAdvisor, Inc. [ TRIP ] |      |                                            |     |                                                       |                                                                                                                  |            | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    I |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    |                                                                                              |                                       |                                                             |                                                             | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023                                                                     |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              | Officer (give title below)                                                                      |                                                                    | ve title                                              | Other (s                                                                 |                                                           |                          |
| (Last) (First) (Middle) C/O CERTARES MANAGEMENT LLC, 350 MADISON AVENUE, 8TH FLOOR |                                                                                              |                                       |                                                             | 4. If                                                       | If Amendment, Date of Original Filed (Month/Day/Year)                                                                           |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person |                                                                    |                                                       |                                                                          |                                                           |                          |
| (Street) NEW YORK NY 10017                                                         |                                                                                              |                                       |                                                             |                                                             | Form filed by More than One Reporting Person                                                                                    |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
| ,                                                                                  |                                                                                              |                                       | Rι                                                          | Rule 10b5-1(c) Transaction Indication                       |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
| (City)                                                                             | (St                                                                                          | ate) (Ž                               | Zip)                                                        |                                                             |                                                                                                                                 |      |                                            |     |                                                       | ransaction wanditions of Ru                                                                                      |            |                                                                              |                                                                                                 | a contract, instruction 10.                                        | uction                                                | or written pla                                                           | an that is inter                                          | nded to                  |
|                                                                                    |                                                                                              | Table                                 | I - Non-Deriva                                              | _                                                           |                                                                                                                                 |      | _                                          | uir | red, [                                                | Disposed                                                                                                         | l of,      | , or E                                                                       | Benefi                                                                                          | cially Own                                                         | ed                                                    |                                                                          |                                                           |                          |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea                |                                                                                              |                                       | ar) Ex                                                      | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                                                                                                 | Trai | 3.<br>Transaction<br>Code (Instr.<br>8)    |     | 4. Securities Acquired Disposed Of (D) (Instr. and 5) |                                                                                                                  |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following             |                                                                                                 | 6. Ownersh<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | t Indirect                                            | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                    |                                                           |                          |
|                                                                                    |                                                                                              |                                       |                                                             |                                                             |                                                                                                                                 |      | Cod                                        | de  | v                                                     | Amount                                                                                                           | (A)<br>(D) | or                                                                           | Price                                                                                           | Reported<br>Transaction(s<br>(Instr. 3 and 4)                      |                                                       |                                                                          |                                                           |                          |
| Common Stock 06/11/2                                                               |                                                                                              |                                       | 06/11/2024                                                  | 1                                                           |                                                                                                                                 |      | A                                          |     |                                                       | 13,616                                                                                                           | A          | <b>A</b>                                                                     | \$ <del>0</del>                                                                                 | 44,587                                                             |                                                       | I                                                                        | See<br>Footno                                             | otes <sup>(1)(2)(3</sup> |
| Common                                                                             | Stock                                                                                        |                                       |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 | 1,713,859                                                          | )                                                     | D                                                                        |                                                           |                          |
|                                                                                    |                                                                                              | Tal                                   | ble II - Derivat<br>(e.g., pu                               |                                                             |                                                                                                                                 |      |                                            |     |                                                       | sposed o                                                                                                         |            |                                                                              |                                                                                                 |                                                                    | d                                                     |                                                                          |                                                           |                          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                | 2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) |                                       | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                             | Transaction of Code (Instr. Deriv                                                                                               |      | Expiration (Month/littles lired lised 3, 4 |     |                                                       | Exercisable and on Date Day/Year)  To Title and Amount of Securities Underlying Derivative Security (In 3 and 4) |            | unt of<br>rities<br>erlying<br>rative<br>rity (Instr                         | Derivative Security (Instr. 5) B OFFICE R                                                       |                                                                    | erivative O ecurities F o eneficially D o eneficially | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Natu<br>of Indire<br>Benefici<br>Owners<br>(Instr. 4) |                          |
|                                                                                    |                                                                                              |                                       |                                                             | Code                                                        | v                                                                                                                               | (A)  | (D)                                        | Da: | te<br>ercisal                                         | Expirati                                                                                                         | ion        | Title                                                                        | Amoun<br>or<br>Numbe<br>of<br>Shares                                                            |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    | nd Address of                                                                                | Reporting Person*                     |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    | RTARES M                                                                                     | (First)<br>ANAGEMENT<br>ENUE, 8TH FLO |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
| (Street) NEW Y                                                                     | ORK                                                                                          | NY                                    | 10017                                                       |                                                             | _                                                                                                                               |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
| (City)                                                                             |                                                                                              | (State)                               | (Zip)                                                       |                                                             | _                                                                                                                               |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    | nd Address of<br>es Holding                                                                  | Reporting Person*                     |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
| (Last)                                                                             |                                                                                              | (First)                               | (Middle)                                                    |                                                             | _                                                                                                                               |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    |                                                                                              | ANAGEMENT<br>ENUE, 8TH FLO            |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |
|                                                                                    |                                                                                              | ,                                     |                                                             |                                                             |                                                                                                                                 |      |                                            |     |                                                       |                                                                                                                  |            |                                                                              |                                                                                                 |                                                                    |                                                       |                                                                          |                                                           |                          |

| C/O CERTARES                                                                                                                                                                                                                                                   | MANAGEME                                                                                                                                                                      | NT LLC                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| 350 MADISON                                                                                                                                                                                                                                                    | AVENUE, 8TH                                                                                                                                                                   | FLOOR                                                                              |  |
| Street)                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                    |  |
| NEW YORK                                                                                                                                                                                                                                                       | NY                                                                                                                                                                            | 10017                                                                              |  |
| (City)                                                                                                                                                                                                                                                         | (State)                                                                                                                                                                       | (Zip)                                                                              |  |
| I. Name and Addres                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                    |  |
| Certares Hold                                                                                                                                                                                                                                                  | <u>iiiigs (Optioni</u>                                                                                                                                                        | <u>ai) LLC</u>                                                                     |  |
| (Last)                                                                                                                                                                                                                                                         | (First)                                                                                                                                                                       | (Middle)                                                                           |  |
| C/O CERTARES<br>350 MADISON                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                    |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                    |  |
| Street)<br>NEW YORK                                                                                                                                                                                                                                            | NY                                                                                                                                                                            | 10017                                                                              |  |
| (City)                                                                                                                                                                                                                                                         | (State)                                                                                                                                                                       | (Zip)                                                                              |  |
| Name and Addres                                                                                                                                                                                                                                                |                                                                                                                                                                               | son <sup>*</sup>                                                                   |  |
| Certares Man                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                    |  |
| (Last)                                                                                                                                                                                                                                                         | (First)                                                                                                                                                                       | (Middle)                                                                           |  |
| 350 MADISON                                                                                                                                                                                                                                                    | AVENUE, 8TH                                                                                                                                                                   | FLOOR                                                                              |  |
| Street)                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                    |  |
| NEW YORK                                                                                                                                                                                                                                                       | NY                                                                                                                                                                            | 10017                                                                              |  |
| (City)                                                                                                                                                                                                                                                         | (State)                                                                                                                                                                       | (Zip)                                                                              |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                    |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                    |  |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                    |  |
| 1. Name and Addres Clementine In (Last)                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                    |  |
| Clementine In (Last) C/O CERTARES                                                                                                                                                                                                                              | (First)  S MANAGEME                                                                                                                                                           | (Middle)                                                                           |  |
| Clementine In (Last) C/O CERTARES                                                                                                                                                                                                                              | (First)  S MANAGEME                                                                                                                                                           | (Middle)                                                                           |  |
| Clementine In                                                                                                                                                                                                                                                  | (First) S MANAGEME AVENUE, 8TH                                                                                                                                                | (Middle)                                                                           |  |
| Clementine In (Last) C/O CERTARES 350 MADISON Street) NEW YORK                                                                                                                                                                                                 | (First) S MANAGEME AVENUE, 8TH                                                                                                                                                | (Middle) NT LLC FLOOR 10017                                                        |  |
| Clementine In (Last) C/O CERTARES 350 MADISON Street) NEW YORK (City)                                                                                                                                                                                          | (First)  S MANAGEME  AVENUE, 8TH  NY  (State)                                                                                                                                 | (Middle) NT LLC FLOOR  10017 (Zip)                                                 |  |
| Clementine In (Last) (C/O CERTARES 350 MADISON (Street)                                                                                                                                                                                                        | (First)  S MANAGEME  AVENUE, 8TH  NY  (State)  ss of Reporting Pers                                                                                                           | (Middle) NT LLC FLOOR  10017 (Zip)                                                 |  |
| Clementine In (Last) C/O CERTARES 350 MADISON Street) NEW YORK (City) 1. Name and Address Pemrose Corp                                                                                                                                                         | (First) S MANAGEME AVENUE, 8TH  NY  (State) ss of Reporting Pers                                                                                                              | (Middle) NT LLC FLOOR  10017  (Zip)                                                |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)                                                                                                                                           | (First)  S MANAGEME AVENUE, 8TH  NY  (State) ss of Reporting Pers                                                                                                             | (Middle) NT LLC FLOOR  10017 (Zip) son*                                            |  |
| Clementine In (Last) C/O CERTARES 350 MADISON Street) NEW YORK (City) I. Name and Address                                                                                                                                                                      | (First)  S MANAGEME  AVENUE, 8TH  NY  (State)  S of Reporting Pers  (First)  S MANAGEME                                                                                       | (Middle) NT LLC FLOOR  10017  (Zip) son*  (Middle) NT LLC                          |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  I. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES                                                                                                                             | (First)  S MANAGEME  AVENUE, 8TH  NY  (State)  S of Reporting Pers  (First)  S MANAGEME                                                                                       | (Middle) NT LLC FLOOR  10017  (Zip) son*  (Middle) NT LLC                          |  |
| Clementine In  (Last) C/O CERTARES 350 MADISON  Street) NEW YORK  (City)  1. Name and Addres Pemrose Corp  (Last) C/O CERTARES 350 MADISON  Street)                                                                                                            | (First)  S MANAGEME  AVENUE, 8TH  NY  (State)  S of Reporting Pers  (First)  S MANAGEME                                                                                       | (Middle) NT LLC FLOOR  10017  (Zip) son*  (Middle) NT LLC                          |  |
| Clementine In (Last) C/O CERTARES 350 MADISON Street) NEW YORK (City) 1. Name and Addres Pemrose Corp (Last) C/O CERTARES 350 MADISON                                                                                                                          | (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers (First) S MANAGEME AVENUE, 8TH                                                                                | (Middle) NT LLC FLOOR  10017  (Zip) son*  (Middle) NT LLC FLOOR                    |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  (City)                                                          | (First) S MANAGEME AVENUE, 8TH  NY  (State) S MANAGEME S of Reporting Pers AVENUE, 8TH  NY  (State) S MANAGEME AVENUE, 8TH  NY  (State)                                       | (Middle) NT LLC FLOOR  10017 (Zip) son* (Middle) NT LLC FLOOR  10017 (Zip)         |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK                                                                                              | (First) S MANAGEME AVENUE, 8TH  NY  (State) S MANAGEME S of Reporting Pers AVENUE, 8TH  NY  (State) S MANAGEME AVENUE, 8TH  NY  (State)                                       | (Middle) NT LLC FLOOR  10017 (Zip) son* (Middle) NT LLC FLOOR  10017 (Zip)         |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  (City)                                                          | (First) S MANAGEME AVENUE, 8TH  NY  (State) S MANAGEME S of Reporting Pers AVENUE, 8TH  NY  (State) S MANAGEME AVENUE, 8TH  NY  (State)                                       | (Middle) NT LLC FLOOR  10017 (Zip) son* (Middle) NT LLC FLOOR  10017 (Zip)         |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  OHara Micha  (Last)  C/O CERTARES                               | (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers 2  (First) S MANAGEME AVENUE, 8TH  NY  (State) Ss of Reporting Pers el Gregory  (First) S MANAGEME            | (Middle) NT LLC FLOOR  10017  (Zip) Son*  (Middle) NT LLC FLOOR  10017  (Zip) Son* |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  OHara Micha  (Last)                                             | (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers 2  (First) S MANAGEME AVENUE, 8TH  NY  (State) Ss of Reporting Pers el Gregory  (First) S MANAGEME            | (Middle) NT LLC FLOOR  10017  (Zip) Son*  (Middle) NT LLC FLOOR  10017  (Zip) Son* |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  1. Name and Addres  OHara Micha  (Last)  C/O CERTARES                               | (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers 2  (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers el Gregory  (First) S MANAGEME AVENUE, 8TH | (Middle) NT LLC FLOOR  10017  (Zip) Son*  (Middle) NT LLC FLOOR  10017  (Zip) Son* |  |
| Clementine In  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  I. Name and Addres  Pemrose Corp  (Last)  C/O CERTARES 350 MADISON  Street)  NEW YORK  (City)  I. Name and Addres  OHara Micha  (Last)  C/O CERTARES 350 MADISON  Street)  Street) | (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers 2  (First) S MANAGEME AVENUE, 8TH  NY  (State) S of Reporting Pers el Gregory  (First) S MANAGEME AVENUE, 8TH | (Middle) NT LLC FLOOR  10017  (Zip) son*  (Middle) NT LLC FLOOR  10017  (Zip) son* |  |

| (Last)                        | (First) | (Middle) |  |  |  |  |  |  |
|-------------------------------|---------|----------|--|--|--|--|--|--|
| C/O CERTARES MANAGEMENT LLC   |         |          |  |  |  |  |  |  |
| 350 MADISON AVENUE, 8TH FLOOR |         |          |  |  |  |  |  |  |
| (Street) NEW YORK             | NY      | 10017    |  |  |  |  |  |  |
| NEW TORK                      | INI     | 10017    |  |  |  |  |  |  |
| (City)                        | (State) | (Zip)    |  |  |  |  |  |  |

## **Explanation of Responses:**

- 1. Represents securities granted under Tripadvisor, Inc. stock and annual incentive plan to Mr. O'Hara in connection to his election to the Board of Directors on June 11, 2024. Such RSUs vest in full on June 11, 2025. Mr. O'Hara is an employee of Certares Management LLC or one of its affiliates. Pursuant to policies of Certares Management LLC and its affiliates (collectively, "Certares"), Mr. O'Hara holds such securities for the benefit of Certares, including one or more of the Reporting Persons.
- 2. Reflects securities held directly by Certares LTRIP LLC. Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC are members of Certares LTRIP LLC. Certares Management LLC is the manager of each of Certares LTRIP LLC, Certares Holdings (LC, Certares Holdings (Blockable) LLC and Certares Holdings (Optional) LLC. Certares Management LLC is controlled by Clementine Investments LLC, an entity controlled by M. Gregory O'Hara, and Pemrose Corporation, an entity wholly-owned by Colin Farmer. Mr. O'Hara serves as a director of the Issuer and each of the Reporting Persons may be deemed to be a director by deputization of the Issuer.
- 3. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein, except to the extent of such Reporting Person's pecuniary interest therein, and, pursuant to Rule 16a-1(a) (4) under the Securities Exchange Act of 1934, each of the Reporting Persons states that the inclusion of these securities in this report shall not be deemed an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or for any other purpose.

| CERTARES LTRIP LLC, By:<br>/s/ Linda C. Frazier as<br>Attorney-in-Fact                   | 06/13/2024 |
|------------------------------------------------------------------------------------------|------------|
| CERTARES HOLDINGS<br>LLC, By; /s/ Linda C, Frazier<br>as Attorney-in-Fact                | 06/13/2024 |
| CERTARES HOLDINGS (BLOCKABLE) LLC, By: /s/ Linda C. Frazier as Attorney- in-Fact         | 06/13/2024 |
| CERTARES HOLDINGS<br>(OPTIONAL) LLC, By: /s/<br>Linda C. Frazier as Attorney-<br>in-Fact | 06/13/2024 |
| CERTARES MANAGEMENT LLC, By: /s/ Linda C. Frazier as Attorney-in-Fact                    | 06/13/2024 |
| CERTARES LTRIP LLC, By:<br>/s/ Linda C, Frazier as<br>Attorney-in-Fact                   | 06/13/2024 |
| CLEMENTINE INVESTMENTS LLC, By: /s/ Linda C, Frazier as Attorney- in-Fact                | 06/13/2024 |
| PEMROSE CORPORATION,<br>By: /s/ Linda C. Frazier as<br>Attorney-in-Fact                  | 06/13/2024 |
| MICHAEL GREGORY O'HARA, By: /s/ Linda C. Frazier as Attorney-in-Fact                     | 06/13/2024 |
| COLIN M. FARMER, By: /s/<br>Linda C. Frazier as Attorney-<br>in-Fact                     | 06/13/2024 |
| ** 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.