FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| on, D.C. 20549 | lr. | |
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| wasnington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|---------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | |
| ON TEMPERATURE OF STRATEGICAL STREET, TO BE CONTINUED TO STREET, TO STR | | _ | |

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| | nd Address of Christopl | Reporting Person* | | | | r Name an nc. [IA | | ker or Trading | Symbol | | 5. Rel (Ched | ationship of k all applical Director | ble) | Person | 10% Owr | ner | |
|--|--|--|---|---|---|------------------------------|--------|----------------------------------|--|---|---|--|--|----------|--|--|--|
| (Last) | ` | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024 | | | | X | Cofficer (give title below) EVP, CFO & COO | | | | | | | |
| 555 WEST 18TH ST | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | 1 ' | | | | | | |
| (Street) NEW YO | ORK N | Y | 10011 | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | itate) | (Zip) | | 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. | | | | | | atisfy the | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | 2A. Deemed Execution Date if any (Month/Day/Ye | | Code (Instr. | | | 5. Amount Securities Beneficiall Owned Fo Reported | Form ly (D) or | | Direct Ir Indirect B tr. 4) C | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | | | |
| | | | | | | Code V | Amount | (A) or (D) | Price | Transactio (Instr. 3 an | | | | 1150. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code 8) | | Derivative E | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 2.1(3) | | | |
| Restricted Stock Units | \$0 | 02/06/2024 | | A | | 67,088 ⁽¹⁾ | | 02/06/2026 ⁽¹⁾ | 02/06/2028 ⁽¹⁾ | Common Stock, par value \$0.0001 | 67,088 | \$0 | 67,088 | 3 | D | | |

Explanation of Responses:

1. Represents restricted stock units that vest in two equal installments on the second and fourth anniversaries of the grant date, subject to continued service.

Tanya M. Stanich as Attorneyin-Fact for Christopher Halpin

02/08/2024

** 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.