FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
|--------------|------|-------|
| wasiiiigton, | D.C. | 20049 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|--|---|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-026 Estimated average burden | | | | | | | | |
| | | | | | | | | | |
| | hours per response | 0.5 | | | | | | | |

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

| | nd Address of Simeon | Reporting Person* | | | | | | | ker or Trading | |] | (Che | elationship of the contract of | able) | erson(s) to Iss | | |
|---|---|-------------------|------------|--------------------|--|---|-----------------|------------------------------|--|---|---|---|--|--|--|---------------------------------------|--|
| (Last) | ` | , | (Middle) | | | Date of /30/20 | | Trans | saction (Montl | n/Day/Year) | | | Officer below) | (give title | Other (s below) | pecify | |
| 985 OLD EAGLE SCHOOL ROAD SUITE 511 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WAYNE | P.A | A | 19087 | | | | | | | | | | _ | led by More th | eporting Person nan One Repor | | |
| (City) | (Si | tate) | (Zip) | | Ri | ule ´ | 10b5- | 1(c) | Transac | tion Ind | ication | | | | | | |
| | | | | | | | | | cate that a tran defense condit | | | | | n or written plar | n that is intended | l to | |
| | | Tab | le I - Non | -Deriv | ativ | e Sec | curities | s Ac | quired, Di | sposed c | f, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (Instr. 5) | | ed (A) or tr. 3, 4 and | , 4 and Securities Beneficially Owned Follo | | rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code V | Amount | (A) or (D) Price | | Reported Transact (Instr. 3 a | ion(s) | | Instr. 4) | | |
| | | - | | | | | | | uired, Dis , options, | | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date or Exercise (Month/Day/Year) if | | if any | Execution Date, Ti | | ransaction of Decode (Instr.) Sec Ac (A) Dis | | ve es d ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to buy) | \$54.06 | 05/30/2024 | | | Α | | 13,000 | | (1) | 05/30/2034 | Common Shares | 13,000 | \$0 | 13,000 | D | | |

Explanation of Responses:

1. Subject to continued service to the Company or any of its subsidiaries, the options will vest and become exercisable in 12 equal monthly installments on the final day of each succeeding calendar month occurring after the grant date provided that the first installment vests on May 31, 2024 and the last installment vests on the earlier of (i) the one year anniversary of the date of grant or (ii) the date of the 2025 Annual General Meeting of Shareholders.

> /s/ Sasha Keough, attorney-infact for Simeon George

05/31/2024

** 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.