FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ington, D.C. 20549 | | |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

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

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|---|--|----------|-----------------|--|---|--|--|---------------------------|---|---|---|---|--|--|---|---------------------------------------|--------------------|--------------|-------|
| 1. Name and Address of Reporting Person* HESS JACK LEE | | | | | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | I — | | | | | | | | X | Direc | tor | | 10% Ov | vner | |
| (Last) | (F VER ROAI | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2021 | | | | | | | | | Office below | er (give title | | Other (s below) | specify | |
| P.O. BO | | | | | | | | | | | | | | | | | | | |
| P.O. BO. | A 302 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | Line) | | filed by On | o Don | orting Perso | 20 |
| MARIE | ГТА РА | ۱ ۱ | 7547 | | | | | | | | | | | _ ^ | | • | | • | |
| | | | | | | | | | | | | | | | Perso | | ne ina | n One Repo | orung |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | , 4 and Securit Benefi | | ties Fo cially (D I Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pri | | rice | Transa | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Class A Common Stock ⁽¹⁾ 02/16/2 | | | | | 2021 | | | | J | V | 77 | A | \$ | 13.97 | 97 51,507 | | | D | |
| | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | per | | | | | |

Explanation of Responses:

1. Dividend Reinvestment Plan

Remarks:

Mitchell J. Thoreson, by power of attorney

02/23/2021

** 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.