FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, D.C. 20049 | OMB APPROVAL | | | |
|--|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| | 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 Eychange Act of 1934

| instruction r(b). | | | riieu p | | ction 30(h) of the In | | | | | 10 4 | | | | | |
|---|----------|--------------|--|--|---|---|---------|------------------------------------|---------------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* VIOZZI VINCENT ANTHONY | | | | | uer Name and Ticke NEGAL GRO | | | | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | | | |
| (Last) 1195 RIVER RO | (First) | (Middle) | | | te of Earliest Transa | action (N | /Jonth/ | Day/Year) | X | Officer (give title below) | | (specify | | | |
| P.O. BOX 302 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | X | Form filed by On | e Reporting Per | son | | |
| (Street) MARIETTA PA 17547 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | Rul | e 10b5-1(c) | Tran | sact | tion Indic | | | | | | | |
| | | | 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. | | | | | | | | | | | | |
| | | Table I - No | n-Derivat | ive S | ecurities Acq | uired, | Dis | posed of, | or Ber | neficially | Owned | | | | |
| Date | | | 2. Transaction Date (Month/Day) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (iiiəti. 4) | | |
| Class A Common Stock ⁽¹⁾ | | | 11/15/2023 | | | J | V | 34 | A | \$14.47 | 2,878 | I | 401(k) Plan | | |
| Class A Commo | on Stock | | | | | | | | | | 8,523 | D | | | |
| Class A Common Stock | | | | | | | | | | | 200 | I | Child | | |

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) | Transaction Code (Instr. 8) | | of | | 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(s) (Instr. 4) | 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 | | | | | |

Explanation of Responses:

1. Dividend Reinvestment Plan

Remarks:

Jeffrey D. Miller, by power of <u>attorney</u>

** Signature of Reporting Person

11/22/2023 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.