SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Ir

٦

| | | OVAL |
|--|---|------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | VNERSHIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | |
| | Estimated average bu | rden |
| Filed purculant to Section 16(a) of the Securities Evolution Act of 1024 | hours per response: | 0.5 |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | |
| | | |

| 1. Name and Address of Reporting Person* <u>Indelicarto Thomas C</u> | | ງ Person [*] | | | | | | tionship of Reportin all applicable) Director | 10% (| Dwner |
|---|---------------------|-----------------------|---------|--|------------------------------------|--|--------------------------|---|----------------------|------------|
| (Last) 12061 BLUE | (First) MONT WAY | (Middle) | | te of Earliest Trans 2/2024 | action (Month | n/Day/Year) | X | Officer (give title below) EVP, Gen Cour | below | , |
| | | | 4. lf A | Amendment, Date c | f Original File | d (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Grou | p Filing (Check | Applicable |
| (Street) | | | | | | | X | Form filed by On | e Reporting Per | son |
| RESTON | VA | 20190 | | | | | | Form filed by Mo Person | re than One Re | porting |
| (City) | (State) | (Zip) | Rul | e 10b5-1(c) | Transac | tion Indication | • | | | |
| | | | X | Check this box to ind satisfy the affirmative | icate that a trar defense condi | nsaction was made pursuant tions of Rule 10b5-1(c). See | to a contr Instructio | act, instruction or writ n 10. | tten plan that is in | tended to |
| | | Table I - Non-Deriv | ative S | Securities Acc | uired, Dis | posed of, or Benef | icially | Owned | | |
| 1. Title of Secu | rity (Instr. 3) | 2. Transa | tion | 2A. Deemed | 3. Transaction | 4. Securities Acquired (A) | | 5. Amount of | 6. Ownership | 7. Nature |

| T. The of Security (insu: 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (| | Disposed Of (D) (Instr. 3, 4 and 5) | | | | | of Indirect Beneficial Ownership (Instr. 4) |
|------------------------------|--------------------------|---|--------|---|-------------------------------------|---------------|----------|------------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 03/12/2024 | | S | | 613 | D | \$192.37 | 43,183 | 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) | 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) | | | rative rities ired r osed) c. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Titl Amou Secur Unde Deriv Secur 3 and | int of rities rlying ative rity (Instr. | 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:

Remarks:

Terence E. Kaden, as

03/13/2024 Attorney-in-Fact for Thomas

C. Indelicarto

** 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.

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

Г