(City)

(State)

1. Name and Address of Reporting Person*

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
London and an Arthrit

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden

to Sec	tion 16. Form tions may cont ction 1(b).	4 or Form 5		Filed	d pursu or S	ant	to S	ection	n 16(a)	of the	Secur	ities Exchang ompany Act o	e Act o	f 1934			ll ll		average bu esponse:	urden 0.5
		of Reporting Person	*							ker or T		g Symbol				elationship eck all app Direc	licable)		. ,	Owner
l	MOOREHE	irst) (Middle)				of E:		t Trans	saction	(Mont	h/Day/Year)				Office below	er (give tit v)	le	Othe belov	er (specify w)
SUITE 9	940 				4. If	Am	nendr	ment,	Date	of Origin	nal File	ed (Month/Da	y/Year)		6. In Line		Joint/Gro	oup Filir	ng (Check	< Applicable
(Street) CHARL	OTTE N	C 2	28202													Form	filed by C filed by N on			
(City)	(S		Zip)			_														
1. Title of	Security (In:		e I - No	2. Transact Date (Month/Day	ion	2/ E: if	A. De xecut any	emed tion D	ate,	3. Transa Code (8)	ction		Acquir	ed (A)	or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(A) o (D)	r _{Pri}	ce	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			05/05/2	022					P		6,418	A	\$	7.27	2,75	6,930		Ι	See footnote ⁽¹⁾
Common	Stock			05/06/2	022					P		2,400	A	\$	7.27	2,75	9,330		I	See footnote ⁽¹⁾
Common	Stock			05/09/2					_	P		109,523	A		7.27		8,853		Ι	See footnote ⁽¹⁾
		Та	ble II									oosed of, o				/ Owned	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execu	eemed ution Date, h/Day/Year)	4. Trans Code 8)			of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	6. Date Expira (Mont	tion D		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Ins	E	8. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	re es ally g d tion(s)	10. Ownersh Form: Direct (D or Indirect (I) (Instr.	Beneficia Ownersh ct (Instr. 4)
					Code	V	,	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er					
1		of Reporting Person ment LLC	*																	
(Last) 831 E. N SUITE 9		(First)	(N	fiddle)																
(Street)	OTTE	NC	28	8202																
(City)		(State)	(Z	ip)																
1	nd Address o	of Reporting Person	*																	
(Last) 831 E. N SUITE 9		(First)	(N	fiddle)																
(Street)	ОТТЕ	NC	28	3202		_														

COHEN DAVID I								
(Last)	(First)	(Middle)						
C/O TIKVAH MANAGEMENT LLC								
831 E. MOOREHEAD STREET, SUITE 940								
(Street)								
CHARLOTTE	NC	28202						
,								
(City)	(State)	(Zip)						

Explanation of Responses:

1. The reported transactions were in securities held by The Ezrah Charitable Trust, a client of Tikvah Management LLC. The securities may be deemed to be beneficially owned by Mr. David Cohen because he is the managing member of Tikvah Management LLC, which may be deemed to have beneficial ownership of the securities because Tikvah Management LLC serves as the investment manager to The Ezrah Charitable Trust. Mr. Cohen and Tikvah Management LLC disclaim beneficial ownership in the securities reported on this Form 4 except to the extent of its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that Mr. Cohen and Tikvah Management LLC are the beneficial owners of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or for any other purpose.

<u>Tikvah Management LLC, By:</u>

/s/ David Cohen, Managing 05/09/2022

Member

The Ezrah Charitable Trust, 05/09/2022

By: /s/ David Cohen, Trustee

/s/ David Cohen 05/09/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).