FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	PROV	'AL
OMB Number:	32	35-0287
1 =		

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

				Filed							es Exchang npany Act o			34					
1. Name and Address of Reporting Leison				2. Issuer Name <b>and</b> Ticker or Trading Symbol Inspirato Inc [ ISPO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last)	(Fir	rst) (M	Middle)		3. Dat 05/24			t Trans	saction (M	1onth	/Day/Year)					er (give title		Other (below)	
3000 SA	ND HILL I	ROAD BLDG. 2	2, SUI	ΓE 250	4. If A	mend	lment,	Date o	of Origina	l File	d (Month/Da	ay/Yea	r)	6. Indi		r Joint/Grou		• (	
(Street) MENLO	PARK CA	A 9	4025											X		filed by On filed by Mo on			
(City)	(St	ate) (Z	Zip)		Rul	e 10	0b5-	1(c)	Trans	sac	tion Ind	icati	ion						
											saction was none of Rule 1					ruction or wr	itten p	olan that is in	tended to
		Table	I - No	n-Deriva	tive S	ecu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficiall	y Owr	ned			
1. Title of S	Security (Ins	tr. 3)		2. Transact Date (Month/Day		Exec if any	Deemed Lution I V hth/Day	Date,	3. Transac Code (Ir 8)		4. Securition Disposed (5)				5. Amo Securi Benefi Owned Follow	ties cially I	Forr (D) ( Indi	wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A)	or	Price	Report Transa		ľ		
Class A C	Common Sto	ock		05/24/2	023				S		12,442	I	)	\$0.95	10,4	164,180		D	
Class A C	Common Sto	ock		05/25/2	023				S		3,440	I	)	\$0.95	10,4	160,740		D	
Class A C	Common Sto	ock		05/26/2	023				S		224	I	)	\$0.95	10,4	60,516		D	
		Tab		Derivativ (e.g., pu											Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (I 8)		Secu Acqu (A) o Dispo	vative irities iired ir osed ) r. 3, 4	6. Date E Expiration (Month/E	on Da		Amor Secu Unde Deriv Secu	rlying ative	Dei Sed (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	nber					
		Reporting Person <sup>*</sup>		<u>, L.P.</u>															

1. Name and Address of Reporting Person*					
Institutional Vo	enture Partners	XIII, L.P.			
(Last)	(First)	(Middle)			
3000 SAND HILI	L ROAD BLDG. 2,	, SUITE 250			
(Street)		0.400.			
MENLO PARK	CA	94025			
(City)	(Ctata)	(7in)			
(City)	(State)	(Zip)			
1. Name and Address	of Reporting Person*				
Institutional Vo	<u>enture Manager</u>	nent XIII, LLC			
-					
(Last)	(First)	(Middle)			
3000 SAND HILI	L ROAD BLDG. 2,	, SUITE 250			
r					
(Street)					
MENLO PARK	CA	94025			
-					
(City)	(State)	(Zip)			
(City)	· ,	` ' '			
1. Name and Address	of Reporting Person*				

(Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip) 1. Name and Address of Reporting Person* FOGELSONG NORMAN A  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip) 1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip) 1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip) 1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip) 1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	Chaffee Todd	<u>C</u>					
(Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* FOGELSONG NORMAN A  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	(Last)	(First)	(Middle)				
(Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* FOGELSONG NORMAN A  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	C/O INSTITUTIO	ONAL VENTURE P	PARTNERS				
MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* FOGELSONG NORMAN A  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	3000 SAND HILL ROAD BLDG. 2, SUITE 250						
1. Name and Address of Reporting Person* FOGELSONG NORMAN A  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025		CA	94025				
Clast	(City)	(State)	(Zip)				
C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025							
(Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Street) MENLO PARK CA 94025	(Last)	(First)	(Middle)				
MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Street) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025							
1. Name and Address of Reporting Person* Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (Street) MENLO PARK CA 94025		CA	94025				
Harrick Stephen J  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	(City)	(State)	(Zip)				
C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025							
(Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Miller J Sanford  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	(Last)	(First)	(Middle)				
(Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS  3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS  3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	C/O INSTITUTIO	ONAL VENTURE P	PARTNERS				
MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	3000 SAND HILI	L ROAD BLDG. 2,	SUITE 250				
1. Name and Address of Reporting Person*  Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS  3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS  3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025		CA	94025				
Miller J Sanford  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	(City)	(State)	(Zip)				
C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025							
3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person* Phelps Dennis B  (Last) (First) (Middle) C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street) MENLO PARK CA 94025	(Last)	(First)	(Middle)				
(Street)  MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	C/O INSTITUTIO	ONAL VENTURE P	PARTNERS				
MENLO PARK CA 94025  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	3000 SAND HILI	L ROAD BLDG. 2,	SUITE 250				
1. Name and Address of Reporting Person*  Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS  3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025		CA	94025				
Phelps Dennis B  (Last) (First) (Middle)  C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	(City)	(State)	(Zip)				
C/O INSTITUTIONAL VENTURE PARTNERS 3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025							
3000 SAND HILL ROAD BLDG. 2, SUITE 250  (Street)  MENLO PARK CA 94025	(Last)	(First)	(Middle)				
(Street)  MENLO PARK CA 94025							
MENLO PARK CA 94025	3000 SAND HILI	L KOAD BLDG. 2,	SUITE 250				
(City) (State) (Zip)		CA	94025				
	(City)	(State)	(Zip)				

Explanation of Responses:

Remarks:

<u>Institutional Venture Partners</u> <u>XIII, L.P., By: Institutional</u> Venture Management XIII, LLC, its General Partner, By: 05/26/2023 /s/Tracy Hogan, Attorney-In-**Fact** <u>Institutional Venture</u> Management XIII, LLC, By:

05/26/2023

/s/ Tracy Hogan, Attorney-In-

Fact

Todd C. Chaffee, By: /s/

<u>Tracy Hogan, Attorney-In-</u> 05/26/2023

Fact

Norman A. Fogelsong, By: /s/

Tracy Hogan, Attorney-In- 05/26/2023

**Fact** 

Stephen J. Harrick, By: /s/

Tracy Hogan, Attorney-In- 05/26/2023

Fact

J. Sanford Miller, By: /s/

<u>Tracy Hogan, Attorney-In-</u> <u>05/26/2023</u>

**Fact** 

Dennis B. Phelps, Jr., By: /s/

<u>Tracy Hogan, Attorney-In-</u> <u>05/26/2023</u>

Fact

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).