FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| 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 Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | Reporting Person* | | | | | | ker or Trading | Symbol | | (Che | elationship o eck all applic | able) | Person(s) to Iss | |
|---|--|-----------------------------------|--|----------|--|---|--|-------------------------------------|---|--|--|---|--|--------------------|------------|
| (Last) | • | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024 | | | | | | Officer below) | (give title | Other (below) | specify |
| TURMSTRASSE 30 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) STEINH | AUSEN V | 8 | 6312 | | | | | | | | 2 | | led by More | Reporting Perso | |
| (City) | (S | tate) | (Zip) | R | ule | 10b5- | 1(c) | Transac | tion Ind | lication | | | | | |
| | | | | | | | | cate that a tran e conditions of | | | | act, instruction | or written pla | n that is intended | to satisfy |
| | | Tak | ole I - Non-D | erivativ | e Se | curities | s Ac | quired, Di | sposed o | of, or Ber | neficiall | y Owned | | | |
| Date | | Transaction ate Ionth/Day/Y | Execution Date | | Date | Code (Instr. 5) | | | | es Form ally (D) o Following (I) (Ir | orm: Direct | 7. Nature of ndirect Beneficial Ownership | | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Conversion or Exercise (Month/Day/Year) 2. | | Code (| Transaction Code (Instr. 8) Se Ac (A) Dis | | of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Restricted Units | \$0 | 05/17/2024 | | A | | 36,145 | | (1) | (1) | Registered Shares | 36,145 | \$0 | 36,145 | D | |

1. Restricted Units, which are 1-for-1 registered share equivalents, were acquired on May 17, 2024, pursuant to the Issuer's long-term incentive plan. Restricted Units vest on the earlier of: (i) May 17, 2025, or (ii) the date of the next Annual General Meeting of the Company's shareholders following the May 17, 2024 grant date. Pursuant to the award agreement, such Restricted Units will be payable in registered shares of the Issuer following the vesting date, as defined above.

> /s/ Daniel Ro-Trock by Power of Attorney

05/17/2024

** 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.