## FORM 4

## UNITED S

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

STATES SECU	IRITIES	AND EXCHANGE	COMMISSION

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended

to satisfy the affirmative defense

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ons of Rule 10 tion 10.																		
	nd Address o	f Reporting Person					r Name <b>an</b> ra Inc [			ing S	ymbol			(Che	elationship of eck all applications of the contract of the con	able)	g Perso	10% Ow	ner
(Last) (First) (Middle) 1717 LANGHORNE NEWTOWN ROAD SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024									Officer (give title Other (specify below)  Chief Business Officer					
(Street) LANGH (City)		PA State)	19047 (Zip)		4.	. If Am	endment, I	Date of	Original	Filed	(Month/Da	ny/Year	·)	6. In Line	Form fil	ed by One	Repo	(Check App rting Person One Report	
		Та	ble I - No	n-Deri	ivati	ve S	ecuritie	s Acq	uired,	Dis	posed o	of, or	Bene	eficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				5. Amour Securities Beneficia Owned For Reported	s illy ollowing	Form	: Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount		(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			msu. 4)		
Common Stock 12/12			12/20	2/2024 12/12/2024		A		100,000(1)		A	\$0 45		2,935		D				
Common Stock 12/1			13/20	24	12/13/2024		F		18,263 <sup>(2)</sup>		D	\$3.21	434,672		D				
			Table II -				curities lls, warr								Owned				
1. Title of Derivative Security (Instr. 3)  Conversi or Exerci or Exerci Derivativ Security		se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ate,	Code (Instr.		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)		Date Exercisab		Expiration Date	Title	O N	mount r lumber f Shares		(Instr. 4)			
Stock Option (Right to	\$3.35	12/12/2024	12/12/20	24	A		300,000		(3)	1	2/12/2034	Comi		00,000	\$0	300,00	00	D	

## **Explanation of Responses:**

- 1. Represents restricted stock units ("RSUs") that vest in full on December 12, 2026, subject to the reporting person's continued service with the Issuer. Each RSU represents a contingent right to receive one share of the Issuer's common stock
- 2. Represents shares withheld by the Issuer in connection with the reporting person's net share settlement to satisfy tax liability based upon the vesting of previously awarded restricted stock units.
- 3. The option vests and becomes exercisable in sixteen equal installments on each quarterly anniversary of December 12, 2024, subject to the reporting person's continued service with the Issuer.

/s/ David Lowrance as attorneyin-fact for Anne Erickson

\*\* Signature of Reporting Person

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

- $^{\star}$  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).

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.