(Street)

(City)

(Last)

(City)

FORT WORTH

FORT WORTH

AFF Services, Inc.

1600 WEST 7TH STREET

TX

(State)

(First)

TX

(State)

1. Name and Address of Reporting Person\*

76102

(Zip)

(Middle)

76102

(Zip)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549

## 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).

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 conditions of Rule 10b5-1(c) See Instruction 10

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

intende defense	ed to satisfy the e conditions of ee Instruction 1	affirmative Rule 10b5-																		
1	nd Address of Douglas	Reporting Person*									g Symbol				ck all app	,	_	_ ``	Issuer Owner	7
(Last) 1600 WE						3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024							Officer (give title Other (specify below) below)							
(Street)	ORTH TX		6102		4. If A	mend	lment,	Date	of Origi	nal File	ed (Month/Da	ıy/Year		6. Inc	Form	filed by O	ne Re	porting Pe		1
(City)			Zip)											V	Form Perso	filed by M on	lore tha	an One Re	porting	
		Table	I - No	on-Deriva	tive S	ecu	rities	Ac	quire	d, Di	sposed of	, or E	Benefi	cial	ly Own	ed				٦
1. Title of S	Security (Ins	tr. 3)		2. Transaction Date (Month/Day/	Year) i	Execuif any	eemed ition Da h/Day/\		3. Transa Code ( 8)		4. Securities Disposed Of 5)				5. Amou Securition Benefici Owned I Reporte	es ally Following	Form (D) o	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	f
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			(111501.4)	
Common	Stock														4,	308		D		
Common	Stock			09/06/20	)24				S		600	D	\$120	0.07	4,73	5,243		I	See footnote <sup>(1</sup>	1)
Common	Stock			09/09/20	)24				S		3,374	D	\$119	9.94	4,73	1,869		I	See footnote <sup>(1</sup>	1)
		Tal	ble II								oosed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, h/Day/Year)	4. Transac Code (I 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Dat Expira (Mont	ation D		7. Titl Amou Secur Under Derive Secur 3 and	int of rities rlying ative rity (Inst	S (I	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Benefic Owners t (Instr. 4)	ect ial hip
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er						
ı	nd Address of Douglas	Reporting Person* Richard																		
(Last) 1600 WE	EST 7TH S	(First) ΓREET	(N	fiddle)																

1. Name and Address of Reporting Person* <u>Douglas R. Rippel Revocable Trust</u>								
(Last)	(First)	(Middle)						
1600 WEST 7TH	STREET							
(Street)								
FORT WORTH	TX	76102						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

1. These shares are owned by AFF Services, Inc., which is partially owned and 100% controlled by Douglas R. Rippel Revocable Trust (the "Trust"). The Trust and Douglas Richard Rippel are indirect beneficial owners of the reported securities.

## Remarks:

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.