FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.0	C. 20549
-----------------	----------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	ectio	on 30(h)	of thè	Investm	nent C	ompany Act	of 1940						
		of Reporting Person* S Richard									g Symbol			Relationshi heck all app X Direct	olicable)	•	. ,	Issuer Owner
(Last)	(I EST 7TH	,	Middle))			of Earlies 2024	t Tran	saction	(Mont	th/Day/Year)			Offic below	er (give title v)	e	Othe belov	r (specify v)
1600 W.	ESI /IH	STREET			4. If	Ame	endment,	Date	of Origi	nal Fil	ed (Month/Da	ay/Year)		Individual c ne)		·	•	
(Street)	ORTH T	TX 7	6102												n filed by O n filed by M on			
(City)	(;	State) (2	Zip)		Ru	le	10b5-	-1(c) Tra	nsa	ction Ind	licatio	n					
						Che satis	ck this bo	x to inc	licate that defense	at a tra e cond	nsaction was n itions of Rule 1	nade purs 10b5-1(c)	suant to a . See Instr	contract, instruction 10.	uction or wr	ritten pl	an that is ir	tended to
		Table	I - N	on-Deriva	tive	Se	curities	s Ac	quire	d, Di	sposed of	f, or B	enefici	ally Own	ed			
1. Title of	Security (In	str. 3)		2. Transaction Date (Month/Day/		Exe if a	Deemed ecution Dans ny onth/Day/	ate,	3. Transa Code (8)		4. Securities Disposed Of 5)			Benefic Owned	es ially Following	Form (D) o	vnership i: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Commor	Stock													4,	308		D	
Commor	Stock			02/05/20)24				S		19,020	D	\$117.3	5,99	7,680		Ι	See footnote ⁽¹⁾
Commor	Stock			02/06/20)24				S		25,063	D	\$116.3	5,97	2,617		Ι	See footnote ⁽¹⁾
Commor	Stock			02/07/20)24				S		25,968	D	\$116.	1 5,94	6,649		I	See footnote ⁽¹⁾
		Tai	ble II								posed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execu if any	deemed ution Date, , th/Day/Year)	4. Trans Code 8)		on of Deri Secon Acq (A) of Disp of (E	oosed 0) tr. 3, 4	Expir (Mont	te Exe ation I th/Day		7. Title Amour Securi Under Deriva Securi 3 and	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficia Ownersh ct (Instr. 4)
					Code	\ \ v	(A)	(D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares					
		of Reporting Person* S Richard					,								,			•
(Last)	EST 7TH	(First) STREET	Л)	Middle)		-												
(Street)	/ORTH	TX	7	6102														
(City)		(State)	(Z	Zip)														
	nd Address ervices,	of Reporting Person* Inc.																
(Last)		(First)	(1)	Middle)		_												
1000 W	EST 7TH	STREET																

76102

(Zip)

FORT WORTH

(City)

TX

(State)

1. Name and Address <u>Douglas R. Ri</u>	, ,						
(Last) 1600 WEST 7TH	(First) STREET	(Middle)					
(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:

/s/ Douglas R. Rippel 02/07/2024

** 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.