FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CH	IANGES	IN BEN	NEFICIAL	OWNERSHI	P
SIAIEMENI	OF CF	IANGES		VEFICIAL	OWINERSHII	_

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

defense	d to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
ı	nd Address of aghav Na	Reporting Person <sup>*</sup> t <u>h</u>							er or Tra		Symbol [ LEE ]				k all app Direc Office	tor er (give title	ng Perso	10% Ov	wner
(Last) (First) (Middle) KCB 012 TOWER B 12TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024								below) below) Member of 10% Owner Group					ıp	
DLF KIN KAILAS		T W BLOCK G	REATE	ER	4 15	•		D-t-	f October		d (14441-/D-		<u> </u>	0 1-4			- Fili-	(Ob l - A	na Karabia
(Street) DELHI	K7		10048		4. If A	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>									on				
(City)	(51		<u>Zip)</u> I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	 ficiall	y Own	ed			
1. Title of \$	Security (Inst			2. Transac Date (Month/Da	tion	2A. Exe	Deeme	ed Date,	3. Transa Code ( 8)	ection	4. Securitie	s Acq	uired (	A) or	5. Amo Securit Benefic	unt of ies cially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(111341. 4)
Common	Stock			10/15/	2024				S		26,000	I	)	\$15		0(1)	1	D	
Common	Stock			10/15/	2024	╄			S		36,000	I	)	\$15	2	50(2)	]	D	
Common	Stock			10/15/	2024				S		9,000	I	)	\$15	30	,205(3)	]	D	
		Tal						•		•	osed of, o convertib			-	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	med on Date, Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	osed ) r. 3, 4	6. Date Expirati (Month/	ion Da		Amou Secu Unde Deriv	rlying ative rity (In:	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F O D O I	0. ownership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Num of Share	ber					
ı	nd Address of aghav Na	Reporting Person*																	

Bahl Raghav	Nath_	
(Last)	(First)	(Middle)
KCB 012 TOW	ER B 12TH FLO	OOR
DLF KINGS CO	OURT W BLOC	CK GREATER KAILASH
(Street)		
DELHI	K7	110048
(City)	(State)	(Zip)
1. Name and Addre	ss of Reporting Pe	rson*
(Last)	(First)	(Middle)
869 PARK AVE	NUE	
APT 4D		
(Street)		
BROOKLYN	NY	11206

(City)	(State)	(Zip)
1. Name and Ad <u>Kapur Ritu</u>	dress of Reporting Per	son <sup>*</sup>
(Last)	(First)	(Middle)
	WER B 12TH FLC	
DLF KINGS	COURT W BLOC	K GREATER KAILASH
(Street)		
DELHI	K7	110048
(City)	(State)	(Zip)

## Explanation of Responses:

- 1. Raghav Nath Bahl does not own beneficial interest in any shares of Common Stock.
- 2. Ritu Kapur is the beneficial owner of 250 shares of Common Stock.
- 3. Vidur Bahl is the beneficial owner of 30,205 shares of Common Stock

 Raghav Nath Bahl
 10/17/2024

 Ritu Kapur
 10/17/2024

 Vidur Bahl
 10/17/2024

 \*\* Signature of Reporting Person
 Date

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.