| SEC Form 4 |
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OVAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] Cupero Susan Jean | | | | er Name and Ticke TH & WESS I] | | | (Check | tionship of Reportin all applicable) Director Officer (give title | Issuer Dwner (specify | |
|---|-----------------------|----------------|--|---|---|--|------------------------|--|---|--|
| (Last) 2100 ROOSEVI | (First) ELT AVENUE | (Middle) | 3. Date 03/15 | e of Earliest Transa /2023 | ction (Month/l | Day/Year) | X | below) | emarks | |
| (Street) SPRINGFIELD (City) | MA (State) | 01104 (Zip) | 4. lf Ar | nendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son |
| 1. Title of Security | | | -Derivative So 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | u ired, Dis p 3. Transaction Code (Instr. | 4. Securities Acquired (<i>J</i> Disposed Of (D) (Instr. 3 5) | A) or | Owned 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial |

| | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | | 5) | | | Beneficially Owned Following Reported | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--------------|------------------|----------------------------|--------------------|---|--------------------|---------------|---------------------|---|-----------------------------------|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 03/15/2023 | | F | | 664 ⁽¹⁾ | D | \$ <mark>1</mark> 1 | 36,947 | D | |
| Common Stock | | | | | | | | 1,838(2) | Ι | By Son ⁽³⁾ |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (0 / 1 | , | , | | | • • | | | | , | | | |
|---|---|--|---|------------------------------|---|-------------|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expirati | | 6. Date Exerc Expiration Da (Month/Day/Y | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. 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 | | | | |

Explanation of Responses:

1. Represents shares of common stock withheld by the Issuer to satisfy certain withholding obligations associated with the vesting of restricted stock units.

2. Includes 484 shares acquired under the Issuer's Employee Stock Purchase Plan on September 30, 2022.

3. The shares are held by the reporting person's son.

Remarks:

The reporting person is Vice President, Sales.

/s/ Kevin Maxwell, as

attorney-in-fact

03/17/2023

** 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.