| 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

OMB APPROVAL

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

| Date | | | | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial |
|--|---------|--------------|---------------|---|-----------------------------------|--|----------|--|---|--|
| | | Table I - No | on-Derivative | Securities Ac | quired, Dis | sposed of, or Bene | ficially | Owned | | |
| (City) | (State) | (Zip) | | | | | | | | |
| BROOMFIELD | | 80021 | | | | | | Form filed by Mo Person | re than One Re | porting |
| (Street) | | 00001 | | Amenument, Date | | a (wonth/Day/rear) | Line) | Form filed by On | | |
| 520 ZANG ST., | UNITD | | 1 If | Amendment Date | of Original File | ed (Month/Day/Year) | 6 Indix | /idual or Joint/Grou | n Filing (Check | Annlicable |
| (Last) | (First) | (Middle) | | ate of Earliest Tran 03/2021 | saction (Montl | n/Day/Year) | 1 | Officer (give title below) | Other below | (specify) |
| 1. Name and Address of Reporting Person [*] Taylor Shawn A | | | | suer Name and Tic)ODLES & C | | | | ationship of Reportin all applicable) Director | 0 () | Issuer Dwner |

| | | (Month/Day/Year) | 8) | | | | | Owned Following Reported | (l) (Instr. 4) | Ownership (Instr. 4) |
|----------------------|------------|------------------|------|---|--------|---------------|-------------------------------|------------------------------------|----------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Class A Common Stock | 12/03/2021 | | Р | | 890 | A | \$10.51 ⁽¹⁾ | 16,780 | D | |

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 Ex | | 6. Date Exerc Expiration Da (Month/Day/Y | 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. The price reported is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$10.46 to \$10.54, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this disclosure.

Remarks:

/s/ Melissa Heidman, attorney 12/07/2021

<u>in fact</u>

** 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.