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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Instruction 1(b). | | | nt to Section 16(a) | | | | 34 | nours | per response: | 0.5 | | | | | |
|---|---------------|--|---------------------|---|---|-----------|------------------------------------|------------|---------------|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Wood Stephen Henry (Last) (First) (Middle) 100 CAMPUS DRIVE SUITE 200E | | | | 2. Issu <u>COI</u> | e of Earliest Transa | er or Tra | ading DT] | Symbol | | ationship of Reporting k all applicable) Director Officer (give title below) EVP, Chief Fi | 10% (Other below | Owner (specify) | | | |
| (Street) FLORHAM PARK (City) | NJ (State) | 07932 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) X | ' | | | | |
| | ٦ | Table I - Nor | n-Derivat | ive S | ecurities Acq | uired, | Dis | posed of, | or Ben | eficially | / Owned | | | | |
| D | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Code V | | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Common Stock | | | 02/07/20 | 022 | | A | | 3,414(1) | A | \$4.63 | 162,237 | D | | | |
| Common Stock 02/0 | | | 02/07/20 | 022 | | F | | 1,209(2) | D | \$4.63 | 161,028 | D | | | |
| | | Table II - | Derivativ | re Se | curities Acqui | red, C | Dispo | osed of, o | r Bene | ficially | Owned | | | | |

(e.g., puts, calls, warrants, options, convertible securities)

| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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. Performance based restricted stock awarded on April 1, 2021 for which the board of directors certified the achievement of certain revenue and Adjusted EBITDA criteria and the time-based vesting requirement was met.
- 2. Shares withheld to pay for taxes on Performance Restricted Stock Units that have vested.

/s/ Kevin Ciaglo, attorney-in-

fact

** Signature of Reporting Person

02/08/2022

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.