FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.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 Section 30(h) of the Investment Company Act of 1940

| 1 | nd Address of ITT KEV | Reporting Person* | | | | uer Na P Co | | | er or Tra | ading | Symbol | | | | all app | tor | ng Per | 10% Ov | vner |
|---|--|-------------------|---------|----------------------------------|--|---|--------|---|---------------------|-----------------------|--------------------------------------|--|---|--------------------|---|---|--------|--|--|
| (Last) 6600 NC | (Fir | st) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/22/2023 | | | | | | | | | belov | er (give title /) President | of O | Other (s below) | · |
| LEGAL DEPARTMENT | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BOCA RATON FL 33496 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exec if any | Deemed cution Date, ny nth/Day/Year) | | | | | es Acquired (A) Of (D) (Instr. 3, | | and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Price | • | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 04/22/2 | 2023 | | | | | | 1,000(1) | D | \$44 | 77,641 | | 7,641 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | if any | emed ion Date, //Day/Year) | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V (A) (| | (D) | Date Exercisable | | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

1. Shares of common stock withheld by Issuer to satisfy tax withholding obligations on vesting of shares with restrictions from a grant issued on April 22, 2021.

/s/ Sarah E. Hlavinka, 04/25/2023 Attorney-in-Fact

** 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.