FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL					
OMB Number: 3235-028					
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	6. Individual Line) X For For Per	rm filed by C rm filed by N rson	oup Fili One Re	ing (Check	« Applicable erson
161 OYSTER POINT BLVD.  (Street) SOUTH SAN FRANCISCO CA 94080  4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X For For Per	or Joint/Gro rm filed by C rm filed by N rson	oup Fili One Re	ing (Check	erson
(Street) SOUTH SAN FRANCISCO CA 94080  4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X For For Per	rm filed by C rm filed by N rson	One Re	porting Pe	erson
(Street) SOUTH SAN FRANCISCO CA 94080	Line) X For For Per	rm filed by C rm filed by N rson	One Re	porting Pe	erson
(City) (State) (Zip)	ficially Ow	med			
	ficially Ow	ned			
Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Execution Date, if any (Month/Day/Year)  2. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 are properties)	and 5) Securi Benefi Owned		Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
Code V Amount (A) or (D) Price	Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock 08/19/2022 S <sup>(1)</sup> 2,576 D \$33.2	3.22 <sup>(2)</sup> 46°	7,471 <sup>(3)</sup>		I	See footnote <sup>(4)</sup>
Common Stock	116	5,458(3)(5)		D	
Table II - Derivative Securities Acquired, Disposed of, or Benefici (e.g., puts, calls, warrants, options, convertible securitie		ed			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  4. Date Execution Date (Month/Day/Year)  4. Date Execution Date (Month/Day/Year)  4. Date Exercisable and Expiration Date (Month/Day/Year)  4. Date Expiration Date (Month/Day/Year)  5. Number of Code (Instr. 8)  5. Number of Operivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	unt		ve es ially ng d tion(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. Shares sold to satisfy the tax obligations by the reporting person in connection with the settlement of previously vested restricted stock units.
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares ranging from \$33.11 to \$33.38 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
- 3. Reflects the issuance of shares to the Schuth Family 2017 Trust in connection with the vesting of 5,000 restricted stock units held by the Reporting Person.
- 4. The shares are held of record by The Schuth Family Trust U/A DTD 06/05/2017, for which the Reporting Person serves as trustee.
- 5. Includes 104,822 restricted stock units.

## Remarks:

/s/ Tyler Nielsen, by power of attornev

08/23/2022

\*\* 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.