FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response	: 0.5				

Ownership

Direct (D)

or Indirect (I) (Instr. 4)

Form:

of Indirect Beneficial

Ownership

(Instr. 4)

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

Officer (give title below)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person  Cially Owned  or 5. Amount of 6. Ownership 7. Nature	A) or 5	quired	es A	4. Securities Disposed Of 5)	ction	3. Transa Code (	Deemed cution Date,	ion 2/	2. Transact Date (Month/Day	I - No		Security (Inst	1. Title of S
Officer (give title below)  Officer (give title below)  Officer (give title below)  Officer (specify below)  Officer (spe	A) or 5, 4 and 5	quired	es A	4. Securities Disposed Of	ction	3. Transa	Deemed cution Date,	ion 2/ Ex/Year) if	2. Transact Date	I - Noi		Security (Insti	1. Title of S
Officer (give title below)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		Dane	Fa					11/0 600	n Doriva	I No	Table		
Officer (give title below)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting	ficially				Die	uirod				Zip)	ate) (Z	(Sta	(City)
Officer (give title Other (specify below) below)  6. Individual or Joint/Group Filing (Check Applicable	X									0003	7 1	ORK NY	(Street) NEW YC
Officer (give title Other (specify		ar)	ay/Ye	d (Month/Day/	al Filed	f Origina	ment, Date o	4. If Ame		OR ——	REET, 7TH FLO	18TH STR	
Officer (give title Other (specify							!1	09/30/2		,	2.	RIAN, INC	C/O ATE
1 2.00to. 1070 Owner	1			/Day/Year)	/lonth/	action (N	arliest Transa	3. Date o		/iddle)	st) (N	(Firs	(Last)
(Check all applicable)				Symbol	ading S	_	ame <b>and</b> Tick Inc. [ AT				Reporting Person*	d Address of larger Amy	
` '	(Check a			Symbol	ading S	_	ame <b>and</b> Tick Inc. [ AT						

Expiration Date (Month/Day/Year)

Expiration

Date

## **Explanation of Responses:**

Conversion

or Exercise Price of

Derivative

Security

Date

(Month/Dav/Year)

1. Comprised of 1,144 shares of restricted common stock granted pursuant to the Issuer's 2018 Equity Incentive Plan that vested on the date of grant. The amount reflects a grant of common stock to the reporting person in lieu of cash for non-employee director compensation.

Date

Exercisable

2. Comprised of 8,449 shares of restricted common stock granted pursuant to the Issuer's 2018 Equity Incentive Plan that are subject to vesting.

Code

Transaction Code (Instr.

Derivative

Securities

Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)

## Remarks:

Derivative

Security (Instr. 3)

/s/ Joseph Risico as attorneyin-fact for Amy von Walter

Amount of

Securities

Derivative

Title

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Derivative

Security (Instr. 5)

derivative

Securities

Owned

Following Reported

Transaction(s) (Instr. 4)

Beneficially

10/04/2021

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**Execution Date**,

(Month/Day/Year)

if anv

- \* 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.