# FORM 4

☑ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response... 0.5

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person *   |              |                     | 2. Issuer Name and Ticker or Trading Symbol |                                       |         |                    |                    |                                     |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |  |
|---|--------------|---------------------|---|---------------------------------------|---------|--------------------|--------------------|-------------------------------------|---|---|--|---|--|
| Campbell Ben G                              |              | С. Н.<br>[ СНІ      |   | NSON '                                | WC      | RLD                | WIDE               | , IN                                | C. Director   |   | 10%  | o Owner   |  |
| (Last) (First) (Middle)                     |              | 3. Date             | . Date of Earliest Transaction (MM/DD/YYYY) |                                       |         |                    |                    |                                     | _X_ Officer (give title below) Other (specify below) Chief Legal Officer/Secretary                  |   |  |   |  |
| 14701 CHARLSON ROAD                         |              |                     |   | 12/3                                  | 1/2     | 024                |                    |                                     |   |   |  |   |  |
| (Street)                                    |              | 4. If An            | nendme                                      | nt, Date O                            | rigir   | nal Fileo          | d (MM/DI           | D/YYY                               | Y) 6. Individual o  | or Joint/G  | roup Filing  | (Check Appl   | icable Line)   |
| EDEN PRAIRIE, MN 55347 (City) (State) (Zip) |              | -                   |   |                                       |         |                    |                    |                                     | X Form filed by   |   | ting Person<br>One Reporting F   | erson   |  |
|   | le I - Non-l | Derivati            | ive Secu                                    | ırities Acc                           | quir    | ed, Dis            | posed of           | f, or E                             | Beneficially Owner  | ed  |  |   |  |
| 1.Title of Security (Instr. 3)  2. Trans. D |              |                     |   | 3. Trans. Co<br>(Instr. 8)            | de<br>V | or Disposed of (D) |                    | Following Reported (Instr. 3 and 4) | 5. Amount of Securities Beneficially Owned<br>Following Reported Transaction(s)<br>(Instr. 3 and 4) |   |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common Stock                                | 12/31/202    | 24                  |   | F                                     |         | 1,248 (1)          | D                  | \$103.4                             | 8   |   | 67,818 (2)(3)  | D   |  |
| Table II - Derivat                          | ive Securit  | ies Bene            | eficially                                   | Owned (                               | e.g.,   | puts, c            | alls, wa           | rrant                               | s, options, conver  | tible secu  | ırities)   |   |  |
| Security Conversion Date Exec               | ution (Inst  | rans. Code<br>r. 8) |   | ve Securities<br>l (A) or<br>l of (D) | and     | e Ircisable        | n Date  Expiration | Securi<br>Deriva<br>(Instr.         | and Amount of<br>ies Underlying<br>tive Security<br>3 and 4)  Amount or Number of<br>Shares         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Security:<br>Direct (D)<br>or Indirect                            | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

#### **Explanation of Responses:**

- (1) Consists of shares withheld by the issuer to satisfy the reporting person's tax withholding obligation upon the vesting of restricted stock units.
- (2) Included in this amount are 55,618 shares of Issuer common stock issuable in settlement of an equal number of restricted stock units and deferred shares credited to the reporting person's NQDC Plan account, and 10,891 shares held directly by the reporting person.
- (3) Includes 1,309 shares acquired pursuant to the Issuer's employee stock purchase plan.

### **Reporting Owners**

| Panarting Owner Name / Address | Relationships |           |                               |       |  |  |  |  |
|--------------------------------|---------------|-----------|-------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer                       | Other |  |  |  |  |
| Campbell Ben G                 |               |           |                               |       |  |  |  |  |
| 14701 CHARLSON ROAD            |               |           | Chief Legal Officer/Secretary |       |  |  |  |  |
| EDEN PRAIRIE, MN 55347         |               |           |                               |       |  |  |  |  |

## Signatures

| /s/ Jessica Ursel, Attorney-in-Fact Ben G. Campbell | 1/3/2025 |
|---|----------|
| **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 control number.