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

☐ 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.

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

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. Is | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--------------|---|---------------------------------|--|-------------------|-----------------------|---------------|--|----------------------------|--|---|----------------|--|--|--|
| Gokey Timothy C | | | | | | ROBIN RW | SON ' | WO | RLI | OWIDE | 1. | pineuoie) | 109 | % Owner | | |
| (Last) | (First) | (Mid | dle) | 3. D |)ate | of Earliest | Transa | ction | (MM/ | DD/YYYY |) | Officer (gi | ve title below | 7) Oth | ner (specify b | pelow) |
| 14701 CHAR | LSON R | ROAD | | | | | 9/3 | 0/20 | 24 | | | | | | | |
| | (Stre | et) | | 4. If | f Am | nendment, | Date O | rigina | al File | ed (MM/D | D/YYYY) | 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) |
| EDEN PRAI | RIE, MN | I 55347 | | | | | | | | | | X Form filed by | | ting Person One Reporting F | Danaan | |
| (Ci | ity) (Sta | te) (Zip) | ı | | | | | | | | | Form med by | wiore man | one Reporting r | CISOII | |
| 1.Title of Security (Instr. 3) | | 1 | | ns. Date | 2A. D Execu | Deemed 3. | Trans. Coastr. 8) | de | 4. Sector Disp | posed of (D 3, 4 and 5) | nired (A) 5 | 5. Amount of Security collowing Reported Instr. 3 and 4) | ies Beneficia | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Tab | le II - Deri | vative Seco | ırities E | 3ene | ficially O | wned (| e.g., p | puts, | calls, wa | rrants, | options, conve | rtible secu | ırities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | Derivativ | | Securities (a) or (D) | | 6. Date Exercisable and Expiration Date | | 7. Title and Securities Derivative (Instr. 3 and | Juderlying Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | _ | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
| Phantom Stock (Restricted Stock Units) | <u>(1)</u> | 9/30/2024 | | A | | 690 ⁽² |). | Ç | <u>3)</u> | (3) | Common Stock | 690 | \$0 | 21,431 | D | |

Explanation of Responses:

- (1) Each phantom share/restricted stock unit will be paid in one share of common stock.
- (2) Of the 690 restricted stock units, 396 were granted at no cost to the reporting person as a quarterly installment of the annual equity-based award provided to each non-employee director, and 294 were granted at a price of \$110.37 per unit in connection with the reporting person's election to defer receipt of his most recent quarterly cash retainer payment.
- (3) The restricted stock units are immediately vested, and following the reporting person's termination of service as a director, become payable in shares of common stock according to the schedule previously chosen by the reporting person.

Reporting Owners

| Treporting o where | | | | | | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|--|--|--|--|
| Donostino Overson Nome / Address | Relationships | | | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | | |
| Gokey Timothy C | | | | | | | | | | |
| 14701 CHARLSON ROAD | X | | | | | | | | | |
| EDEN PRAIRIE, MN 55347 | | | | | | | | | | |

Signatures

**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.