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

☐ 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)					
GUILFOILE	MARY			l l		ROBI RW	NSON	WO	RLI	OWIDI	E, INC	Z. \	_X_ Director	,	109	6 Owner		
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)					
14701 CHARLSON ROAD					3/31/2025													
	(Stree	et)		4. It	f An	nendmer	nt, Date (Origin	nal Fil	ed (MM/D	D/YYYY) 6	5. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)	
EDEN PRAIRIE, MN 55347													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Stat	te) (Zip)																
		7	Гable I - 1	Non-Deri	ivati	ive Secu	rities Ac	quir	ed, Di	sposed o	f, or Be	enef	ficially Owne	d				
1. Title of Security (Instr. 3) 2. Trans. I			1	Date 2A. Deemed Execution Date, if any		3. Trans. Cod (Instr. 8)		4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)			Foll	mount of Securition owing Reported 1 tr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership o Form: B Direct (D) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V	Amou	(A) or	r Price					(I) (Instr. 4)	(msu. 4)	
Common Stock															3,098	D		
	Tab	le II - Deri	vative Se	curities E	Bene	eficially	Owned	(e.g.,	puts,	calls, wa	ırrants,	, op	tions, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ate Exe Expirati	7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)		derlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	v	(A)	A) (D)		cisable	Expiration Date	Title		Amount or Number of Shares			or Indirect		
Phantom Stock (Restricted Stock Units)	(1)	3/31/2025		A		427	7 (2).		(3)	(3)	Comme Stock		427	\$0	19,620	D		

Explanation of Responses:

- (1) Each phantom share/restricted stock unit will be paid in one share of common stock.
- (2) The reporting person was granted 427 restricted stock units at no cost as a quarterly installment of the annual equity-based award provided to each non-employee director.
- (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

P										
Donostino Overson Nome / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
GUILFOILE MARY										
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.