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

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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 app	licable)			
Munn Willia	m J				NE	CLN	ET IN	NC [NN	I]									
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner					
(===)					, , , , , , , , , , , , , , , , , , ,								XOfficer (give title below)Other (specify below)					
121 SOUTH 13TH STREET, SUITE 100						3/28/2024								Secy/Chief Le	egal Off/C	Gen Coun		
	(Stree				+	f Am	endmer	nt, Date On	rigin	al File	d (MM/DI	D/YYY	YY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
LINCOLN, N	NE 68508													X _ Form filed by				
(City) (State) (Zip)												Form filed by More than One Reporting Person						
			Table I	- Non-	Deri	ivativ	ve Secu	rities Acq	uire	ed, Dis	sposed of	f, or	Ber	neficially Owne	d			
1. Title of Security (Instr. 3)			2. Trans. I		te 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			Í	5. Amount of Securiti Following Reported 7 (Instr. 3 and 4)	ities Beneficially Owned Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership	
								Code	v	Amou	nt (A) or (D)	Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common Sto	ock			3/28/20	24			$\mathbf{G}^{(\underline{1})}$		1,53	2 D	9	60			4,491	D	
Class A Common Stock 3/28/20:				24			$G^{(1)}$		1,53	62 A	9	60			11,954 (2)	I	By Trust	
	Tabl	le II - Der	ivative S	Securit	ies I	Benef	ficially	Owned (a	e.g.,	puts,	calls, wa	rran	ts, c	options, conver	tible secu			
1. Title of Derivate Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date Execution Date, if any			n (Ins	rans. (tr. 8)	s. Code 5. Number Derivative Acquired Disposed (Instr. 3, 4)		re Securities (A) or of (D)		and Expiration Date			rities rative	Underlying e Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	V	(A)	(D)	Date Exer	e cisable	Expiration Date	Title	Am Sha	nount or Number of ares		Transaction(s) (Instr. 4)		

Explanation of Responses:

- (1) Shares gifted to a living trust of which the reporting person and his spouse are the trustees and beneficiaries.
- (2) Shares held by a living trust of which the reporting person and his spouse are the trustees and beneficiaries.

Reporting Owners

P 8									
Denoting Orange News / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Munn William J									
121 SOUTH 13TH STREET			SecretChief Legal Off/Con Coun						
SUITE 100			Secy/Chief Legal Off/Gen Coun						
LINCOLN, NE 68508									

Signatures

/s/ Audra Hoffschneider, Attorney-in-Fact for William J. Munn 4/1/2024

**Signature of Reporting Person

Dat

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.