

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

## 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. ]	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
VALLI TOD			111.				ings Inc				7)	Director	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10%	Owner	
(Last) (First) (Middle) 7250 S. TENAYA WAY, SUITE 100				5.1	Date	oi Eari		3/20	`	DD/1111	1)	X_ Officer (give title below) Other (specify below) SVP, CAO				
	(Stre			4. ]	If An	nendme	ent, Date C	)rigii	nal Fil	ed (MM/E	DD/YYYY)	6. Individual o	or Joint/G	roup Filing (	Check Appl	icable Line)
LAS VEGAS	S, NV 89 (State)		))									X Form filed by		ting Person One Reporting P	erson	
			Table I -	Non-Der	ivat	ive Sec	urities Ac	quir	ed, Di	sposed (	of, or Be	neficially Owne	d			
1.Title of Security (Instr. 3)  2. Trans. D						3. Trans. Code (Instr. 8)		4. Securities Acquiror Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securir Following Reported (Instr. 3 and 4)	ities Beneficially Owned 1 Transaction(s)		Ownership of I Form: Ber	Beneficial Ownership	
							Code	V	Amoun		Price				(I) (Instr. 4)	(msu. 4)
Common Stock				3/3/2023			M		5235 (1	_	\$7.09		44054		D	
Common Stock			3	3/3/2023			S		5235 <sup>(1</sup>	). <b>D</b>	\$18.58 <sup>(2)</sup>		38819		D	
	Tab	ole II - Der	ivative So	ecurities	Bene	eficially	y Owned (	e.g.,	, puts,	calls, wa	arrants,	options, conver	tible secu	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	4. Trans. Code (Instr. 8)		Acquire Dispose	ve Securities d (A) or		ate Exerc Expiration				Derivative Security	9. Number of derivative Securities Beneficially Owned Following		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Stock Option	\$7.09	3/3/2023		M			5235		<u>(3)</u>	3/6/2023	Commor Stock	5235.0	\$7.09	0	D	

## **Explanation of Responses:**

- (1) The transactions reflected in this Form 4 were effected pursuant to a 10b5-1 plan adopted by the reporting person on September 15, 2022 for options originally granted on March 6, 2013 that would have expired on March 6, 2023.
- (2) The price reported in Column 4 of Table I is a weighted average price. The shares were sold in multiple transactions at a price ranging from \$18.50 to \$18.76. The reporting person undertakes to provide to the Corporation, any security holder of the Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- (3) Represents an option to purchase 5,235 shares of the Company's common stock, which vested periodically over a period of four years following the date of grant of March 6, 2013.

**Reporting Owners** 

Paparting Owner Name / Address	G.	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
VALLI TODD A.								
7250 S. TENAYA WAY			SVP, CAO					
SUITE 100			SVI, CAU					
LAS VEGAS, NV 89113								

## **Signatures**

/s/ Todd A. Valli, Attorney in Fact

3/7/2023

\*\*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.