### 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.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

# 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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Chu Mona				Pı	ıre S	Storag	e, Inc. [	PS	TG]				nicaoic)		_	
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director	<del></del> '			
					(120)12027							~	_X_ Officer (give title below) Other (specify below) Chief Accounting Officer			
2555 AUGUSTINE DRIVE					6/20/2025								ung om			
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual o	6. Individual or Joint/Group Filing (Check Applicable Line)				
SANTA CLARA, CA 95054													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)												, ,				
			Table I	- Non-Dei	rivati	ve Secu			ed, Disp	posed of	f, or B	eneficially Owne	d			
1. Title of Security (Instr. 3)			. Trans. Date	ate 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership	
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common St	ock			6/20/2025			F		5,513 (1)	D	\$52.87			88,159	D	
	Tab	le II - Der	ivative S	Securities	Bene	ficially	Owned (	e.g.,	puts, ca	alls, wa	rrants	, options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deem Execution Date, if an	(Instr. 8)		e 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ate Exerc Expiration		Securiti	es Underlying ive Security	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exe	e Ercisable	Expiration Date		amount or Number of hares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	

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

(1) Represents shares that have been withheld by the Issuer to satisfy its income tax withholding and remittance obligations in connection with the vesting and net settlement of the Reporting Person's equity awards, previously reported on a Form 4, and does not represent a sale by the Reporting Person.

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Chu Mona								
2555 AUGUSTINE DRIVE			Chief Accounting Officer					
SANTA CLARA, CA 95054			_					

#### Signatures

/s/ Todd Wheeler, attorney-in-fact

\*\*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.