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.

OMB APPROVAL
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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												
1. Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer			
													(Check all app	olicable)			
Tan Christin	а				DO	DRI	AN L	PG LTD). []	LPG]						
					3 Т	3. Date of Earliest Transaction (MM/DD/YYYY)								X Director 10% Owner			
(Last) (First) (Middle)				3.1	J. Date of Lattiest Hallsaction (MIN/DD/1111)							Officer (giv	Officer (give title below) Other (specify below)				
1453 FAIRFIELD BEACH ROAD						3/28/2024											
(Street)					4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)			
FAIRFIELD, CT 06824													X Form filed b	X Form filed by One Reporting Person			
(City) (State) (Zip)						1								Form filed by More than One Reporting Person			
(37	/ (1	. /														
			Table	I - No	n-Der	ivati	ve Secu	ırities Acq	uire	ed, Dis	posed o	f, or E	Beneficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. D				. Date	2A. I	Deemed	3. Trans. Co	de	or Disposed of (D)							7. Nature	
					Exec	ution if any	(Instr. 8)					Following Reported (Instr. 3 and 4)	Ownership Form:	of Indirect Beneficial			
					Date, II		any		(Ilisti. 3, 4 and 3)		(Insu. 3 and 4)				Ownership		
																	(Instr. 4)
								Code	V	Amou	(A) or	Pric	e			(I) (Instr. 4)	
Common Shares, \$0.01 par value per share 3/28/202				2024			A		5,312	(<u>1)</u> A	\$0)		91,919	D		
													I				
	Tab	le II - Der	rivative	Secui	ities l	Bene	ficially	Owned (e	ο.σ.,	nuts.	alls, wa	rrant	s, options, conver	tible secu	rities)		
Title of Derivate	2.	3. Trans.					5. Numb	`	0 / ,				and Amount of		9. Number of	10.	11. Nature
			nstr. 8)	Code		e Securities					ties Underlying		derivative	Ownership			
(Instr. 3)	or Exercise		Date, if	any	ny		Acquired						tive Security		Securities Beneficially		Beneficial
Price of Derivative				Disposed of (D) (Instr. 3, 4 and 5)						(Instr.	3 and 4)	d 4) (Instr. 5)		Derivative Security:	Ownership (Instr. 4)		
	Security			(111541. 5),		runa 5)								Direct (D)	(msu. i)		
									Date	,	Expiration		Amount or Number of		Reported	or Indirect	
					Code	V	(A)	(D)		cisable			Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)	
		•	•			•			•								

Explanation of Responses:

(1) In connection with the Reporting Person's service as a non-employee director of the Issuer, as well as for her service on certain committees of the Issuer's Board of Directors, the Reporting Person has been granted common shares. The number of common shares granted represents the quotient of (A) \$175,000 divided by (B) the volume weighted average price of \$32.9399 for the year ended March 31, 2024, rounding the number of shares down to the nearest whole common share.

Reporting Owners

1							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Tan Christina							
1453 FAIRFIELD BEACH ROAD	X						
FAIRFIELD, CT 06824							

Signatures

By: /s/ Christina Tan 4/1/2024

**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.