| SEC Form 4 |
|------------|
|------------|

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 |
|---------------------|-----------|
| Estimated average b | urden |
| hours per response: | 0.5 |

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 [*] Madeksza Matt | | | | uer Name and Tick | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------|---------------|----------------|-------------------------------|-------------------|--|--|--|------------------------------|--------------------------|--|--|
| (Last) | (First) | (Middle) | 3. Da | e of Earliest Trans | | | x | Director Officer (give title below) President - Tr | Other | , | | |
| (Street) YARDLEY | РА | 19067 | 4. If A | mendment, Date o | f Original Filed | d (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Grou Form filed by On Form filed by Mo | e Reporting Per | son | | |
| (City) | (State) | (Zip) | | | | | | Person | | | | |
| | | Table I - Nor | n-Derivative S | ecurities Acq | uired, Dis | posed of, or Bene | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | |

| | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. | | 5) | | | | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--------|------------------|----------------------------|--------------|---|--------|---------------|---------|------------------------------------|-----------------------------------|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common | 11/17/2022 | | F | | 609(1) | D | \$78.28 | 11,891 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (3-,,,, | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|---|--|--|---|-------|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expira Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Represents shares transferred to the Company for tax withholding in connection with vesting of restricted stock.

<u>/s/ Rosemary Haselroth, by</u> Power of Attorney

11/18/2022

** 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 Number.