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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | ipany not of to to | | | | |
|--|--------------------|----------------|--|---|-----------------------------------|--|------------------------|---|---|--|
| 1. Name and Address of Reporting Person [*] FLANNERY MICHAEL E | | | | er Name and Tick Group, Inc. | 0 | Symbol | | ationship of Reporting Person(s) to Issue k all applicable) Director 10% Owne | | |
| (Last) 2001 HUB GRO | (First) OUP WAY | (Middle) | | e of Earliest Transa 2/2023 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) |
| (Street) OAK BROOK (City) | IL (State) | 60523 (Zip) | 4. If Ar | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son |
| | | Table I - Non | -Derivative S | ecurities Acq | uired, Disp | oosed of, or Benef | ficially | Owned | | |
| 1. Title of Security | (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 5) | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial |

| | [(, | (Month/Day/Year) | 8) | | -, | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) | |
|---|------------|------------------|------|---|----------------------|---------------|-------------------|------------------------------------|----------------|-------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Class A Common Stock | 01/02/2023 | | A | | 2,517 ⁽¹⁾ | A | \$ <mark>0</mark> | 4,710 | D | | |
| Table II - Derivative Securities Acquired Disposed of an Repeticially Owned | | | | | | | | | | | |

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

| 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) | | 5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Amount of | | | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This award of restricted stock has a one year vesting period.

/s/ Thomas P. Lafrance for Michael E. Flannery

01/02/2023

** 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 Number.