| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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 |

| 1. Title of Security (Instr. 3) 2. Tra | | | | 2A. Deemed | 3. | 4. Securities Acquired (A |) or | 5. Amount of | 6. Ownership | 7. Nature | |
|--|---------|-----------------|--|--|------------------|---------------------------|-------------------|---|---------------------------------------|-----------------|--|
| | | Table I - Non-E | Derivative S | Securities Acq | uired, Dis | posed of, or Benef | icially | Owned | | | |
| (City) | (State) | (Zip) | | | | | | Person | | porting | |
| OAK BROOK | IL | 60523 | | | | | X | | one Reporting Per lore than One Re | | |
| (Street) | | | 4. If A | Amendment, Date o | f Original Filed | l (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Gro | oup Filing (Check | Applicable | |
| 2000 CLEARWATER DRIVE | | | | 2/2022 | | | | EVP, Chief A | /P, Chief Accounting Officer | | |
| (Last) | (First) | (Middle) | 3. Da | 3. Date of Earliest Transaction (Month/Day/Year) | | | | Officer (give titl below) | e Other below | (specify /) | |
| 1 I. Nume and Address of Reporting Leson | | | | suer Name and Tick D Group, Inc. | • | Symbol | | ationship of Repor all applicable) Director | • • • • • | Issuer Owner | |
| Instruction 1(b). | | | ant to Section 16(a) ection 30(h) of the Ir | | | | 1 | | | | |
| Obligations may | | | | | hou | hours per response: 0.5 | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Class A Common Stock | 01/02/2022 | | A | | 2,078 ⁽¹⁾ | A | \$ <mark>0</mark> | 23,081 | D | |
| Class A Common Stock | 01/02/2022 | | F | | 1,064 | D | \$84.24 | 22,017 | D | |

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

| | | | (* 5 / 1* | , | , | | , | | | | | , | | | |
|---|---------------------------------------|--|------------------|------|---|--|--|---|--------------------|---|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, Trans | | Transa Code (| | Secu Acqu (A) of Dispo of (D) | vative rities lired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/N | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This award of restricted stock vests over a five year period.

/s/ Kevin Beth

01/05/2022

** 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.