(Last)

(First)

C/O STRAND EQUITY PARTNERS III, LLC

(Middle)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|   |                                |                                       |        |   | or Sec  | ction :        | 30(h) o                          | of the li | nvestme  | nt Cor                                | mpany Act o                  | f 1940                                |   |                            |      |                                      |   |  |  |  |
|---|--------------------------------|---------------------------------------|--------|---|---------|----------------|----------------------------------|-----------|--|---------------------------------------|------------------------------|---------------------------------------|---|----------------------------|------|--------------------------------------|---|--|--|--|
| 1   |                                | f Reporting Person<br>artners III, LI |        |   |         |                |                                  |           | cer or Tra                                     |                                       | Symbol<br><u>y, Inc.</u> [ I | RGF ]                                 |   |                            |      |                                      | o of Reportion of |  | erson(s) to I  |  |
| (Last) (First) (Middle) 1888 CENTURY PARK EAST, SUITE 1440                                |                                |                                       |        | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2023 |         |                |                                  |           |  |                                       |                              |                                       |   | Officer (give title below) |      |                                      | Other (below)   | (specify                                       |  |  |
| (Street) LOS ANGELES CA 90067   |                                |                                       |        | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |         |                |                                  |           |  |                                       |                              | Lin                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person |                            |      |                                      |   |  |  |  |
| (City)  | (Si                            | tate) (                               | (Zip)  |   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
|   |                                | Table                                 | l - No | n-Deriva  | ative S | ecu            | rities                           | Acq       | uired,   | Dis                                   | posed of                     | , or E                                | Ben   | eficia                     | ally | Own                                  | ed  |  |  |  |
| 1. Title of   | Security (Ins                  | tr. 3)                                |        | 2. Transa<br>Date<br>(Month/Da                              |         | Exe<br>if an   | Deeme<br>cution<br>ny<br>nth/Day | Date,     | 3.<br>Transa<br>Code (<br>8)                   | Instr.                                | 5)                           | Of (D) (                              | Instr.  | 3, 4 ar                    | nd   | Report                               | ties<br>cially<br>I Following   | Fori   | wnership<br>m: Direct<br>or Indirect<br>nstr. 4)                         | 7. Nature<br>of Indirect<br>Beneficia<br>Ownersh<br>(Instr. 4) |
| Class A (   | Common St                      | rock                                  |        | 01/25/  | 2023    |                |                                  |           | Code   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Amount 11,182                | (A)<br>(D)                            | )   | Price<br>\$6               | _    | (Instr. 3                            | 3 and 4)<br>8,452   |  | D  |  |
|   | Common St                      |                                       |        | 01/26/  |         |                |                                  |           | S  |                                       | 556                          | _                                     | )   | \$6                        | -    |                                      | 7,896   |  | D  |  |
| Class A   | Common St                      | ock                                   |        | 01/27/  | 2023    |                |                                  |           | S  |                                       | 2,457                        | I                                     | )   | \$6                        |      | 6.                                   | 5,439   |  | D  |  |
|   |                                | Та                                    |        |   |         |                |                                  |           |  |                                       | osed of,<br>onvertib         |                                       |   |                            |      | )wne                                 | d   | <u>,                                      </u> |  |  |
| 1. Title of Derivative Security (Instr. 3)  Conversior or Exercise or Derivative Security |                                | ercise (Month/Day/Year) of ative      |        | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | ction<br>nstr. | of                               |           | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y |                                       | te                           | Amor<br>Secu<br>Unde<br>Deriv<br>Secu | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (In<br>3 and 4)   |                            | Deri | rice of<br>vative<br>urity<br>tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)  | y G  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Benefic<br>Owners<br>(Instr. 4                                 |
|   |                                |                                       |        |   | Code    | v              | (A)                              | (D)       | Date<br>Exercis                                | able                                  | Expiration<br>Date           | Title                                 | or  | ount<br>nber<br>ires       |      |                                      |   |  |  |  |
|   |                                | f Reporting Person<br>artners III, LI |        |   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (Last)<br>1888 CE   | ENTURY PA                      | (First) ARK EAST, SU                  | •      | idle)   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (Street)  | IGELES                         | CA                                    | 900    | )67   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (City)  |                                | (State)                               | (Zip   | )   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| ı   | nd Address o<br><u>Manager</u> | f Reporting Person                    | *      |   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (Last)<br>1888 CE   | ENTURY PA                      | (First)<br>ARK EAST, SU               | ,      | idle)   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (Street)  | IGELES                         | CA                                    | 900    | 067   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| (City)  |                                | (State)                               | (Zip   | )   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |
| 1. Name a   |                                | f Reporting Person                    | *      |   |         |                |                                  |           |  |                                       |                              |                                       |   |                            |      |                                      |   |  |  |  |

| 1888 CENTURY PARK EAST, SUITE 1440 |         |       |  |  |  |  |  |
|------------------------------------|---------|-------|--|--|--|--|--|
| (Street) LOS ANGELES               | CA      | 90067 |  |  |  |  |  |
| (City)                             | (State) | (Zip) |  |  |  |  |  |

## **Explanation of Responses:**

## Remarks:

Strand Management Company ("SMC") is the sole manager of Strand Equity Partners III, LLC ("SEP III") and Seth Rodsky is the president of SMC, and as such, SMC and Mr. Rodsky may be deemed to share voting and dispositive power with respect to any securities beneficially owned by SEP III. SMC and Mr. Rodsky disclaim beneficial ownership of the securities reported herein except to the extent of his pecuniary interest therein, if any, and this report shall not be deemed an admission that either SMC or Mr. Rodsky is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose. The Reporting Persons are jointly filing this Form 3 pursuant to Rule 16a-3(j) under the Exchange Act.

Strand Equity Partners III,
LLC By Strand Management
Company By: /s/ Seth Rodsky,
Precident

esident

Strand Management Company By: /s/ Seth Rodsky, President

Seth Rodsky /s/ Seth Rodsky 01/27/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.