FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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 ar <u>Lieffrig</u> | | f Reporting Person* | | | | | | ker or Trading | | :] | | eck all applic Directo | able) r | erson(s) to Iss 10% Ov | vner |
|--|--|----------------------|-------------------------------------|--|---|--|--------|--|----------------------|---|--|---|--|---------------------------|------|
| (Last) | , | First) ENTCORP | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 | | | | |] | X Officer (give title below) Other (specify below) VP and Division Manager | | | | |
| 5700 LAS POSITAS ROAD | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | IORE C | Ά | 94551 | | | | | | | | | _ | led by More th | eporting Persor | |
| (City) | (5 | State) | (Zip) | F | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to | | | | | | l to | | | | |
| | | | | | | | | defense condi | | | | | n or written pla | i that is intended | 110 |
| | | Tab | le I - Non-l | Derivati | ve Se | curitie | s Ac | quired, D | sposed | of, or Be | neficial | y Owned | | | |
| Date | | | 2. Transactio Date Month/Day/ | Execution Date, | | Code (Instr. 5) | | | Beneficia Owned F | s Fo ally (D following (I) | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| 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 Date Or Exercise (Month/Day/Year) Price of Derivative Security | te Execution Date, 1 | | ansaction of E ode (Instr. Derivative (| | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Unit | \$0 | 02/23/2024 | | A | | 2,400 | | 02/23/2025 ⁽¹⁾ | 02/23/2031 | Common Stock | 2,400 | \$0 | 2,400 | D | |

1. The restricted stock unit shall vest 33% on the first annual anniversary of the grant; 33% on the second annual anniversary of the grant; and 34% on the third annual anniversary of the grant. Each restricted stock unit represents a right to receive one share of common stock or an amount equal to the fair market value of the common stock underlying the unit on the vesting date

> David Whitney, POA for John Lieffrig

02/27/2024

** 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 Number.