| SEC For | m 4 | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|--|---|---|--|-----|------------------|---|--|--|--|---|------------------------------|--|---|--|
| | FORM | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | | | | | | | | | | | | |
| Check Sectior obligati Instruct | 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 | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | |
| transac contrac the pur securiti intende defense | this box to india tion was made at, instruction or chase or sale or es of the issue ed to satisfy the e conditions of struction 10. | | | | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* Ahuja Kulvinder | | | | | | | | | cker or Tradi <u>NC</u> [CLS | | Symbol | (Ch | 5. Relationship of Reporting Perso (Check all applicable) | | | | on(s) to Issuer 10% Owner | | | |
| (Last) (First) (Middle) 5140 YONGE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | | | | | | | | | | (give title | | Other (below) | | | |
| SUITE 1900 (Street) | | | | | - 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| TORONTO A6 M21 (City) (State) (Zip) | | | | 2N 6L7 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Sec | curitie | es Ac | quired, C | Dis | posed o | of, or B | ene | ficial | ly Owned | 3 | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | | 3, 4 and Securiti Benefici Owned | | es Forn ially (D) c Following (I) (Ir | | vnership 1: Direct r Indirect 1str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Reported Transact (Instr. 3 a | ion(s) | (s) 4) | | (Instr. 4) | |
| | | Т | | | | | | | uired, Di s, options | | | | | | Owned | | | · · · · · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ansaction ode (Instr. | | mber rative rities iired r osed) : 3, 4 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | |) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Ily I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | | |
| Deferred Share Units | (1) | 12/31/2024 | | | A | | 385 | | (1) | | (1) | Common Shares | 3 | 385 | \$ 0 | 2,259 | , | D | | |
| Explanatio | n of Respons | ses: | | | | | | | | | | | | | | | | | | |

1. Each deferred share unit represents a contingent right to receive one common share or an equivalent value in cash at the Issuer's discretion when the holder ceases to be (a) a director of the Issuer or (b) an employee of the Issuer.

> /s/ Tracy Connelly McGilley, attorney-in-fact

01/02/2025

** 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.