FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 and Address of Reporting Person *					2.]	2. Issuer Name and Ticker or Trading Symbol							4	5. Relationship of Reporting Person(s) to Issuer				
		8											((Check all applicable)				
SASAKI GA	II. M				NI	ETI	IST I	NC [NI	LST	Γ]								
														Director 10% Owner				
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)					
						2/5/2024							Ī	EVP and CFO				
111 ACADEMY, SUITE 100						3/6/2024												
(Street)					4.]	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) (6. Individual or Joint/Group Filing (Check Applicable Line)				
IRVINE, CA 92617														X Form filed by One Reporting Person				
(City) (State) (Zip)						1							Form filed by More than One Reporting Person					
			Table	I - No	n-Der	ivati	ve Seci	urities Ac	quir	ed, Dis	posed of	f, or l	Benet	ficially Owne	d			
1. Title of Security 2. Trans. D				. Date	ate 2A. Deemed 3. Trar							5. Amount of Securities Beneficially Owned 6. 7. Nature						
(Instr. 3)								or Disposed of (D)					Following Reported Transaction(s) Ownership of In					
				Date, if any				(Instr. 3, 4 and 5)		(In	(Instr. 3 and 4)				Beneficial Ownership			
																	or Indirect	
								Code	V	Amount	(A) or (D)	Price					(I) (Instr. 4)	
Common Stock				3/6/2	024			S	•		/	\$1.541				202 = (2)	,	
Common Stock				3/0/2	J24			3		3,917 (1)	ע	\$1.541	19			303,763 (2)	D	
	Tabl	la II Daw		o Coon		Done	.fi ai alle	Orrmod (alla wa				tible seen	witing)		
									_					tions, conver		-		
			Trans.			er of ve Securities		5. Date Exercisable 7. Title and Securities U					8. Price of Derivative	9. Number of	10. Ownership	11. Nature		
(Instr. 3)	nstr. 3) or Exercise Price of Date, if any			11301. 0)	Acquired (A) or			and	Derivative						Securities		Beneficial	
					Disposed of (D)				(Instr. 3 and			3 and			Beneficially		Ownership	
Derivative Security				(Instr. 3, 4 and 5)										Owned Following	Security: Direct (D)	(Instr. 4)		
				-					Б.	. 1,	P		A	A None Long		Reported	or Indirect	
					Code	V	(A)	(D)	Dat Exe	ercisable	Expiration Date		Amou Shares	int or Number of		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
			•															

Explanation of Responses:

- (1) Represents the number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. The sale was to satisfy tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary transaction by the reporting person.
- (2) The amount reported includes shares subject to unvested restricted stock units.

Reporting Owners

reporting o mers	_								
Panarting Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
SASAKI GAIL M									
111 ACADEMY, SUITE 100			EVP and CFO						
IRVINE, CA 92617									

Signatures

/s/ Gail M. Sasaki

**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 control number.