FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

| | tion 1(b). | inde. Occ | | Filed | pursua or Se | ant to Section 3 | ection 80(h) o | 16(a) of the I |) of the Investm | Securi nent Co | ties Exchang ompany Act o | je Act o of 1940 | f 1934 | | | nours | per res | ponse: | 0.5 |
|--|--|--------------------|--|---|---|---|---|-------------------|---------------------|-------------------|--|---|---|------------------|---|---|--|--|------------|
| 1 | nd Address o hristine | f Reporting Person | * | | | | | | | | Symbol AL INC | [WC | | heck all | applio Directo | cable) r | g Pers | son(s) to Is | vner |
| (Last) | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024 | | | | | | | | | Officer elow) | (give title EVP & | : CHR | Other (specification) CHRO | | |
| SUITE 700 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | treet) ITTSBURGH PA 15219 | | | | | | | | | | | F | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | |
| | | Table | l - N | on-Deriva | tive S | Secui | rities | Acc | quire | d, Dis | posed of | , or B | enefici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | Year) | if any | eemed ution Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) | | | | and 5) Securit Benefic Owned | | ties Fe cially (E d Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tr | Reported Transaction(s) (Instr. 3 and 4) | | | ľ | (Instr. 4) |
| Common Stock 05/24/20 | | | | 024 | | | | s 4,486 D \$1 | | \$190.1 | 129 3 | 29 30,303.8342 | | | D | | | | |
| | | Та | ble II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title Amou Secur Under Deriva Secur 3 and | nt of ities lying ative ity (Instr. | 8. Price Derivati Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | <u> </u> | | | | (IIISU. 4) | | | |

Explanation of Responses:

/s/ Michele Nelson, as Attorney-in-Fact

05/29/2024

** 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.