Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
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| OMB APP | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | |

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 | nd Address on Jame | of Reporting Person's Louis | | | WE | ESCC |) IN | TER | | ON | AL INC | [wc | cc] | (Ch | eck all app X Direc | licable) tor | ng Per | rson(s) to Is | vner |
|--|--|-----------------------------|---------|---|---|---|--|--|-----------------|--|--------------------|--------------------|--|---|-----------------------|--|---|--------------------|---------|
| (Last) | (F | irst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify |
| 225 WEST STATION SQUARE DRIVE SUITE 700 | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | · | | |
| (Street) PITTSBURGH PA 15219 | | | | Form filed by More than One Reporting Person | | | | | | | | | | | orting | | | | |
| (City) | (\$ | | 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. | | | | | | | | | nded to | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | - | | | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execu ny/Year) if any | | Deemed cution Date, y tth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or 3, 4 and | Securit Benefic | rities Fe ficially (D d Following (I) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | | (IIISU. 4) | |
| Common | Stock | | | 03/01/ | 2024 | | | A | | 1,217(1) | A | A \$0 | | 39,083.6116 | | | D | | |
| | 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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | Title | | nber res | | | | | |

Explanation of Responses:

1. Represents a grant of restricted stock units (RSUs). Each RSU represents a contingent right to acquire one share of Issuer's common stock. The RSUs will vest in full on the first anniversary of the grant date

> /s/ Michele Nelson, as 03/05/2024 Attorney-in-Fact

** 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.