SEC Form 4	
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FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 and Address of Reporting Person [*] Edenbrook Capital, LLC														. Relationship of Reporting Person(s) to Issuer Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) 116 RADIO CIRCLE SUITE 202						3. Date of Earliest Transaction (Month/Day/Year) 01/05/2023									Officer (give title Other (specify below) below)					
(Street) MOUNT KISCO NY 10549					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)																				
1 Title of	Security (Ins		I - N	on-Deriva			eemed		quireo	d, Di	sposed of 4. Securities					6. Owi	nership	7. Na	ture of	
1. Title of Security (Instr. 3) (Month/Day/						Executio		ate,	Transaction		Disposed Of 5)	(D) (Instr. 3, 4 a		nd Securitie Beneficia	es ally [:] ollowing	Form:	Direct Indirect	Indire Bene	ect ficial ership	
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)	<u> </u>					
Common	ommon Stock, par value \$0.0001		01/05/2	023				Р		1,700	A	\$5.2	.2 5,698	8,178	Ι		See footnotes ⁽¹⁾			
		Та	ble II								posed of, convertib				d					
Security (Instr. 3) Price of Derivat	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of ative		3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.			6. Date Exer Expiration D (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numł derivati Securiti Benefic Owned Followie Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Owners Form: Direct (or Indir (I) (Inst	ship (I D) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date	isable	Expiration Date	Title	Amount or Number of Shares							
	nd Address of rook Capi	f Reporting Person [*] tal, <u>LLC</u>												•						
(Last) 116 RAI SUITE 2	DIO CIRCL 202	(First) E	۸)	/liddle)																
(Street) MOUNT	Г KISCO	NY	1	0549																
(City)		(State)	(Z	Zip)																
	nd Address of Jonathan	f Reporting Person [*]																		
(Last) 116 RAI SUITE 2	DIO CIRCL 202	(First) E	۸)	/liddle)																
(Street) MOUNT	Г KISCO	NY	1	0549																
(City)		(State)	(Z	Zip)		-														

Explanation of Responses:

1. The securities reported herein are held in the accounts of private funds. Edenbrook Capital, LLC may be deemed to be a beneficial owner of such securities by virtue of its role as the investment manager of such private funds. Jonathan Brolin may be deemed to be a beneficial owner of such securities by virtue of his role as managing member of Edenbrook Capital, LLC. Each Reporting Person disclaims beneficial ownership in the securities reported on this Form 4 except to the extent of its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Jonathan Brolin, Managing Member /s/ Jonathan Brolin Date

** Signature of Reporting Person

01/09/2023

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.