SEC For	m 4 FORM 4		INITE	אדפ ר	TES SE		ς ΔΝ		ХСНА		OMMI	NOI22							
						Washing				OMB APPROVAL									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					NT OF ( d pursuant t or Sectio		HIP	Estim	OMB Number: 3235-028 Estimated average burden hours per response: 0.5										
1. Name and Address of Reporting Person <sup>*</sup> Rubin Jonathan						Name <b>and</b> Tick RNUS PH		<u>.</u> (Che	eck all applic Directo	able)	10%		lssuer Owner r (specify						
(Last) C/O SUP	(Firs ERNUS PH	3. Date of Earliest Transaction (Month/Day/Year) 12/22/2023							X Officer (give title Other (specify below) below) Sr. VP, Chief Medical Officer										
9715 KEY WEST AVENUE (Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
ROCKVI	LLE MI	) 2					Form filed by More than One Reporting Person												
(City)	(Sta	te) (2	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.														
		Tab	le I - Noi	n-Deriv	ative Sec	urities Acc	quired,	Dis	posed of	, or Ber	neficiall	y Owned							
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					Execution Date,		Code (	Transaction D Code (Instr.		es Acquire Of (D) (Inst				6. Own Form: (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
								v	Amount	(A) or (D)	Price	Transacti	eported ransaction(s) nstr. 3 and 4)		ľ	(Instr. 4)			
Common Stock 12/22					/2023		М		600(1)	A	\$ <u>0</u>	3,4	47		D				
Common	Stock	/2023		F		204(2)	D	\$27.6	6 3,2	243		D							
		Т				rities Acqu , warrants,						Owned							
1. Title of 2. Derivative Conversion Security or Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			ned 4. n Date, Transactio Code (Ins		5. Number	6. Date Exercisable and Expiration Date (Month/Day/Year) 2. Securitie Underlyin			7. Title an Amount o Securities Underlyin	d f g	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia	e ( s l ally l	10. Dwnership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi				

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Performance Share Unit	\$0	12/22/2023		М			<b>600</b> <sup>(1)</sup>	(3)	(3)	Common Stock	600	\$ <mark>0</mark>	0	D	

Explanation of Responses:

1. Shares of common stock received upon the settlement of certain Performance Share Units granted to the Reporting Person on February 22, 2022.

2. Represents the number of shares of common stock withheld by the Company to satisfy tax withholding requirements in connection with the vesting of Performance Share Units.

3. On February 22, 2022, the Reporting Person was awarded Performance Share Units a portion of which vested upon the achievement of individual performance objectives within a defined performance period, which objectives were established on May 3, 2022.

/s/ Timothy C. Dec, as attorney-12/26/2023

in-fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.