FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Instruction 1(b)  | ) <b>.</b>          |                |  |   | it to Section 16(a) of<br>tion 30(h) of the Inv             |   |      |                   |        | 34  | <u></u>  |   |   |  |
|---|---------------------|----------------|--|---|---|---|------|-------------------|--------|---|--|---|---|--|
| 1. Name and Address of Reporting Person* Alexander Sarah Beth |                     |                |  |   | er Name <b>and</b> Ticke<br>T <mark>ovast Holdin</mark>     |   | _    | ,                 |        | ationship of Reportink all applicable) Director Officer (give title | 10% (  |   |   |  |
| (Last)<br>12603 SOUTH<br>SUITE 210                            | (First) WEST FREEWA | (Middle)       |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2021 |   |   |      |                   |        |   | below)<br>General Coun   | belowj<br>sel & Secreta   |   |  |
| (Street)<br>STAFFORD<br>(City)                                | TX (State)          | 77477<br>(Zip) |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |   |      |                   |        |   | ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |
|   | Ta                  | able I - Nor   | n-Derivati                                 | ive S   | ecurities Acqu  | uired,                                  | Disp | osed of, o        | or Ben | eficially   | / Owned  |   |   |  |
| Date  |                     |                | 2. Transaction<br>Date<br>(Month/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code (Instr.<br>8) |      |                   |        |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |                     |                |  |   |   | Code V                                  |      | Amount (A) or (D) |        | Price   | Transaction(s)<br>(Instr. 3 and 4)   |   |   |  |
| Class A Common Stock 08/2                                     |                     |                |  | 021   |   | Α                                       |      | 5,076             | A      | \$0   | 6,076  | D   |   |  |
|   |                     | Toble II       | Dorivotiv                                  | 0 500   | ourities Assui  | rad D                                   | ione | and of or         | Pone   | ficially  | Owned  |   |   |  |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

|  | 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |     | of  |                     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|---|--|---|---|-----|-----|---------------------|--|-------|---|--|---|--|--|--|
|  |   |   |  | Code  | v                                       | (A) | (D) | Date<br>Exercisable | Expiration<br>Date   | Title | Amount<br>or<br>Number<br>of<br>Shares  |  |   |  |  |  |

**Explanation of Responses:** 

/s/ Sarah Alexander

08/27/2021

\*\* Signature of Reporting Person

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.