FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Pesponses)

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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SEC 1474 (9-02)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Print or Type Responses)											
1. Name and Address of Reporting Per HARIZMAN NIV	1 0					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 					
(Last) (First) 8 SHADBUSH LANE		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2020									
(Street) WESTPORT, CT 06880	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	tion	(A) or Disposed of (D)		of (D)	Beneficially Owned Following Reported Transaction(s)Ownership Form:of I(Instr. 3 and 4)Direct (D)Ownership		Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, \$.01 par value per share	02/19/2020		А		15,000 (1)	А	\$ 0	257,235	D		

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Nu	mber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	rivative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	urities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Aco	quired			4)			0	Direct (D)	
					(A)							T T	or Indirect	
						posed						Transaction(s)		
					of (	· · · · · · · · · · · · · · · · · · ·						(Instr. 4)	(Instr. 4)	
					· ·	str. 3,								
					4, a	nd 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
				Code V	(A)	) (D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HARIZMAN NIV 8 SHADBUSH LANE WESTPORT, CT 06880	Х						

## Signatures

/s/ Niv Harizman	02/21/2020
**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* 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).
- Represents common stock underlying 15,000 restricted stock units, each representing a contingent right to receive one share of common stock. The 15,000 restricted stock (1) units vest over a one year period in four equal quarterly installments of 3,750 shares of common stock on March 15, 2020, June 15, 2020, September 15, 2020 and December 15, 2020, subject to Mr. Harizman continuing to serve on the Board of Directors. The shares are deliverable to the reporting person upon each vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.