| SEC Form 4 |
|------------|
|------------|

Instruction 1(b).

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

| j                               | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|-----------|
| to Section 16. Form 4 or Form 5 |                                    |           |
| obligations may continue. See   |                                    |           |

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* Crevoiserat Joanne C. (Last) (First) (Middle) 10 HUDSON YARDS |                |         |  |                             | er Name <b>and</b> Tick<br><u>ESTRY, INC</u>             | Symbol                                  | (Che       | eck all app<br>Direc | ationship of Reportin<br>all applicable)<br>Director<br>Officer (give title |  | on(s) to Is<br>10% Ov<br>Other (s                            | vner  |                                  |                               |   |
|--|----------------|---------|--|-----------------------------|--|---|------------|----------------------|---|--|--|---|----------------------------------|-------------------------------|---|
|  |                |         |  |                             | e of Earliest Transa<br>/2022                            | 'Day/Year)                              |            | Delov                | below)<br>Chief Executive   |  | below)   |   |                                  |                               |   |
| (Street)   |                |         |  | 4. If An                    | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |            |                      |   |  |  | ividual or Joint/Group Filing (Check Applicat                         |                                  |                               | pplicable   |
| NEW Y  | ORK NY         | ζ 1     | 0001   |                             |  |   |            |                      |   |  |  | Form filed by One Reporting Pers                                      |                                  | on                            |   |
| (City)   | (Sta           | ate) (Z | lip)   |                             |  |   |            |                      |   |  | Form filed by More than C<br>Person                          |   |                                  | One Reporting                 |   |
|  |                | Table   | I - Non-Deriva                                 | ative Se                    | ecurities Acq  | uired,                                  | Dis        | posed of,            | or Ber  | neficia                                    | lly Own  | ed  |                                  |                               |   |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Date)  |                |         |  |                             | 2A. Deemed   | 3.<br>Transaction<br>Code (Instr.<br>8) |            |                      |   |  |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following         |                                  |                               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| T. The of  | Security (insi | u. sj   | Date   |                             | Execution Date,<br>if any<br>(Month/Day/Year)            | Transa<br>Code (                        |            | Disposed O           |   |  | d Securi<br>Benefi<br>Owned                                  | ties<br>cially<br>Following   | Form:                            | Direct<br>Indirect<br>str. 4) | of Indirect<br>Beneficial<br>Ownership                            |
| 1. The of  |                | u. 3)   | Date   |                             | Execution Date, if any                                   | Transa<br>Code (                        |            | Disposed O           |   |  | Securi<br>Benefi<br>Owned<br>Report<br>Transa                | ties<br>cially<br>Following   | Form:<br>(D) or I                | Direct<br>Indirect<br>str. 4) | of Indirect<br>Beneficial   |
| Common   |                | u. sj   | Date   | ay/Year)                    | Execution Date, if any                                   | Transa<br>Code (<br>8)                  | (Instr.    | Disposed O<br>5)     | f (D) (Inst   | r. 3, 4 and                                | d Securi<br>Benefi<br>Owned<br>Report<br>Transa<br>(Instr.   | ties<br>cially<br>Following<br>ed<br>ction(s)                         | Form:  <br>(D) or I<br>(I) (Inst | Direct<br>Indirect<br>str. 4) | of Indirect<br>Beneficial<br>Ownership                            |
|  |                |         | Date<br>(Month/D<br>03/11/<br>Dle II - Derivat | ay/Year)<br>2022<br>ive Sec | Execution Date,<br>if any<br>(Month/Day/Year)            | Transa<br>Code (<br>8)<br>Code<br>P     | v<br>Dispo | Amount<br>5,700      | (A) or<br>(D) A<br>A<br>Dr Bene   | r. 3, 4 and<br>Price<br>\$34.6<br>ficially | A Securi<br>Benefi<br>Owned<br>Report<br>Transa<br>(Instr. 3 | ties<br>cially<br>I Following<br>ed<br>ction(s)<br>3 and 4)<br>51,911 | Form:  <br>(D) or I<br>(I) (Inst | Direct<br>Indirect<br>str. 4) | of Indirect<br>Beneficial<br>Ownership                            |

| Security |  |      |   | (A) o<br>Dispo<br>of (D)<br>(Instr<br>and 5 | osed<br>)<br>: 3, 4 |                     |                    | Security (Instr.<br>3 and 4) |  | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | (l) (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/ Emily S. Zahler, Assistant

<u>Corporate Secretary, pursuant</u> to a power of attorney filed

<u>03/14/2022</u>

with the Commission

\*\* 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.