FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							, , , ,				inpany Act o	,, <u>20</u> .c									
		f Reporting Person							ker or Tra	_	Symbol				elationship ck all app	o of Reporti olicable)	ing Pers	on(s) to I	ssuer		
Rogers Kristi Marie						<u> </u>								_ X	Direc	tor 10% C		10% Ov	vner		
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023										Office	er (give title v)		Other (s below)	specify		
C/O QU	ALYS, INC	J.			4 If Ai	nend	ment	Date (	of Origina	al File	d (Month/Da	av/Yea	r)	6 Inc	dividual o	r Joint/Grou	ın Filina	(Check A	nnlicable		
919 E. H	IILLSDAL	E BLVD.			/	iiciia	mont,	Date	or Originio		a (Monanza	ду/ ГСС	,	Line)		1 001110 0100	ap i iiiig	(Oncon)	ррпоавіс		
																X Form filed by One Reporting Person					
(Street)	R CITY C	Δ	4404												Form Perso	filed by Mo on	ore than	One Rep	orting		
FOSTER	n. 3	<del>344</del> 04			Rule 10b5-1(c) Transaction Indication																
(0)							Truic Tobo-T(c) Halisaction mulcation														
(City)	(City) (State) (Zip)					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.															
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	ıuired,	Dis	posed of	f, or I	Bene	eficial	ly Own	ed					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				//Year)	Execu	Deemed cution Date, y tth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)				Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A)	or	Price	Report Transa (Instr. :	ed ction(s) 3 and 4)					
Common Stock 06/07/2					2023				A		1,700(1)	A \$0		\$0.00	7,104		I	)			
		Tab		Derivati											Owne	d					
				(e.g., pu	ts, cal	ls, v	varra	ants,	option	ıs, c	onvertib	le se	ecuri	ities)							
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Exe rity or Exercise (Month/Day/Year) if ar		if any	ition Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	). wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber							
Explanatio	n of Respon	ses.																			

1. The reported securities represent restricted stock units which vest on the earlier of: (i) June 7, 2024 or (ii) the day before the Issuer's 2024 annual meeting of stockholders, subject to the Reporting Person's continued service through each such vesting date.

## Remarks:

/s/ Bruce Posey, by Power of **Attorney** 

\*\* Signature of Reporting Person Date

06/09/2023

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

- $^{\star}$  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.