Instruction 1(b)

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 Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Chiang Mung | | | | | uer Name and Tick | | | | (Chec | ationship of Reportink all applicable) | • • • • | | | | |
|---|---------|--------------|----------|--|--------------------------------|-----------|---------|--------------|------------------|---|---|---|------------|--|--|
| (Last) | (First) | (Middle) | | | te of Earliest Trans 0/2024 | action (I | Nonth | /Day/Year) | | Director Officer (give title below) | 10% 0 Other below | (specify | | | |
| 200 E JACKSON ST | | | | 4. lf A | mendment, Date o | f Origina | al File | d (Month/Day | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) MUNCIE | IN | 47305 | | | | | | | | V | Form filed by On Form filed by Mo Person | | | | |
| (City) | (State) | (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. | | | | | | | | | | | |
| | | Table I - No | n-Deriva | tive S | ecurities Acq | uired | , Dis | posed of, | or Be | neficially | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| Common 06/30/2 | | | 06/30/2 | 024 | | A | | 680 | Α | \$33.29 | 4,243(1) | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |

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

Explanation of Responses:

1. Includes Restricted Stock Awards totaling 4,243 shares

Remarks:

Jacob Burkett (Confirming Statement on File)

07/02/2024

** Signature of Reporting Person Date

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.