SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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 [*] Mangan Jocelyn C	Requiring S (Month/Day	. Date of Event lequiring Statement Month/Day/Year) 8/09/2022							
(Last) (First) (Middle) 55 FRANCISCO ST., SUITE 360 (Street) SAN FRANCISCO CA 94133	_		Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	wner (specify	Fileo 6. In	d (Month/Day/ ndividual or Jo eck Applicable Form filed b Person	int/Group Filing Line) by One Reporting by More than One
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exerce Expiration Da (Month/Day/Y			3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)				5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Jocelyn C. Mangan

08/09/2022

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 5 (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.

OMB APPROVAL

** Signature of Reporting Person