| SEC For  | m 4   |  |   |   |              |  |   |  |      |   |                |                                  |                                  |   |   |   |  |                                      |   |  |
|--|---|--|---|---|--------------|--|---|--|------|---|----------------|----------------------------------|----------------------------------|---|---|---|--|--------------------------------------|---|--|
| FORM 4 UNITED  |   |  |   | D STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |              |  |   |  |      |   |                |                                  |                                  |   |   |   | OMB APPROVAL   |                                      |   |  |
| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |   |  |   |   |              |  | to Sec  | ction 16(a   | a) o | of the Sec  | curiti         | IEFICI<br>es Exchan<br>npany Act | -                                | Estimated average burden  |   |   | 0.5  |                                      |   |  |
| 1. Name and Address of Reporting Person*    Rosati Fabio   |   |  |   |   |              |  |   | e <b>and</b> Tic<br>Inc.   |      | r or Tradii<br>MTR ]                              | ng S           | ymbol                            | (Ch                              | eck all appli<br>X Directo  | cable)<br>or  | ,<br>10% Owne   |  |                                      |   |  |
| (Last) (First) (Middle)<br>7529 STANDISH PLACE<br>SUITE 200  |   |  |   |   |              |  |   |  |      |   |                |                                  |                                  |   |   | Officer<br>below)   | (give title  |                                      | Other (s<br>below)  | pecity   |
| (Street)<br>DERWOOD MD 20855   |   |  |   |   | 4. 1         | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line)   X Form filed by One Rep.   Form filed by More that Person |   |  |      |   |                |                                  |                                  |   |   | orting Persor   | ı  |                                      |   |  |
| (City)   | (S  | (State) (Zip)                              |   |   |              |  |   |  |      |   |                |                                  |                                  |   |   |   |  |                                      |   |  |
|  |   | Tab  | ole I - Nor                                       | n-Deriv   | ativ         | e Se   | curit   | ties Ac  | qu   | uired, D  | Dis            | oosed o                          | of, or                           | r Ben   | eficiall  | y Owned   | l  |                                      |   |  |
| Date   |   |  |   | 2. Trans<br>Date<br>(Month  |              | ear) i   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | ·    | 3.<br>Transaction<br>Code (Instr.<br>8)<br>Code V |                | 5) (A) or                        |                                  |   | Securiti<br>Benefici<br>Owned<br>Reporte<br>Transac | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  | n: Direct<br>r Indirect<br>Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Dwnership<br>Instr. 4)  |  |
| Class A Common Stock 1:  |   |  |   |   | 9/202        | 21   |   |  | -    | М   |                | 14,524                           |                                  | (D)<br>A  | \$1.6   |   | 5,538  |                                      | D   |  |
|  |   | -  | Table II -  |   |              |  |   |  |      |   |                | sed of,<br>onvertil              |                                  |   |   | Owned   |  |                                      |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | d<br>Date,  | 4.<br>Transa | ansaction<br>ode (Instr.   |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |      | Date Exe<br>xpiration  <br>/onth/Day              | ercisa<br>Date | able and                         | 7. Tit<br>of Se<br>Unde<br>Deriv | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>dly<br>g                   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |   | Code         | v  | (A)   | (D)  |      | ate<br>xercisable                                 |                | xpiration<br>Date                | Title                            |   | Amount<br>or<br>Number<br>of<br>Shares              |   |  |                                      |   |  |
| Stock<br>Option<br>(Right to<br>Buy)   | \$1.65  | 11/29/2021                                 |   |   | М            |  |   | 14,524   |      | (1)   | 1              | 1/12/2027                        | Com                              | ss A<br>nmon<br>ock   | 14,524  | \$0.00  | 0.00   |                                      | D   |  |

Explanation of Responses:

1. Shares vest in 48 monthly installments beginning on December 13, 2017, subject to the Reporting Person's continuous service.

**Remarks:** 

/s/ Kristie Scott, Attorney-in-11/30/2021 Fact

\*\* 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.

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