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 [*] Dineen David P | | | | ier Name and Ticke <u>1ge County B</u> | • | Symbol nc. /DE/ [OBT] | (Check | tionship of Reporti all applicable) Director Officer (give title | ng Person(s) to Issuer 10% Owner Other (specify | | | | |
|--|--|----------|---------------|--|-------------------|--|-------------------|---|---|--------------------------|--|--|--|
| (Last) 212 DOLSON | (First) NAVENUE | (Middle) | | e of Earliest Transa 8/2022 | iction (Month/ | Day/Year) | Х | below) | below cealth Services |) | | | |
| (Street) | | | 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | | |
| MIDDLETON | N NY | 10940 | | | | | X | Form filed by On | | | | | |
| (City) | (State) | (Zip) | | | | | | Form filed by Mo Person | re than One Re | porting | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Secur | ity (Instr. 3) | | . Transaction | 2A. Deemed Execution Date. | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 5) 8) | | (D) (Instr | . 3, 4 and | Securities Beneficially Owned Following Reported | (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) | | |
|--------------|--------------------------|---|--------------------------------------|---|----------------------|---------------|---|------------------------------------|--|-----------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | |
| Common Stock | 05/28/2022 | | A | | 1,000 ⁽¹⁾ | Α | \$ <mark>0</mark> | 1,000 | 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) | | of Deriv Secu Acqu (A) o Dispe of (D | sposed (D) str. 3, 4 | | Expiration Date | | | xpiration Date Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|----------------------------|---------------------|--------------------|-------|--|--------------------------|--|---|--|---------------------|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Restricted stock units which vest at a rate of 1/3 per year commencing on May 28, 2023.

/s/ Jennifer Staub, pursuant to Power of Attorney 05/

05/31/2022

** 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.