FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

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

intende defens	ies of the issue ed to satisfy the e conditions of ee Instruction 1	affirmative Rule 10b5-																	
		Reporting Person*	ET AL			r Name an ATTEC				Symbol CORP	[ST			Relationship leck all app Direc	licable)	, ,	_ `	s) to Iss	
(Last)	(Fir	,	Middle)			of Earliest 2024	Transa	ction (f	Month	n/Day/Year	·)			Office below	r (give	title		ther (s elow)	pecify
(Street)	NY		0580	4. If	Ame	endment, I	Date of	Origina	al File	ed (Month/	Day/Ye		Line	Form	filed by	Group Fili y One Re y More tha	porting	Perso	n
(City)	(30		^{Zip)} I - Non-Deriva	tive	Sec	curities	Acqu	ıired,	Dis	posed	of, o	r Benefi	cia	Ily Own	ed				
1. Title of	Security (Ins	tr. 3)	2. Transaction Date (Month/Day/Yea	r) if a	ecuti	emed ion Date, /Day/Year)		action (Instr.	4. S Dis	ecurities A posed Of (I	cquire D) (Inst	ed (A) or tr. 3, 4 and 5	5)	5. Amount of Securities Beneficially Owned Following		6. Owner Form: Di (D) or Indirect (Instr. 4)	irect (I)	7. Nate Indired Benef Owner (Instr.	ct icial rship
							Code	v	Am	ount (A) or D)	Price		Reported Transaction (Instr. 3 and		,		Ì	
Common	Stock		12/10/2024				S			200	D	\$41.772	5	300		I			stment ership ⁽¹⁾
		Tal	ole II - Derivati (e.g., pu	ive S its, c	ecu	urities <i>A</i> s, warra	Acquii Ints, c	red, [option	Disp	osed of	f, or ible	Benefici securitie	all es)	y Owned	t				
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. Trans Code 8)			ative rities ired esed	6. Date Expirat (Month	ion D		Ar Se Ur De Se	Title and nount of curities aderlying brivative acurity (Instrand 4)		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	ities icially d ving ted action(s)	10. Owner Form Director Ind (I) (In:	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercis	able	Expiratio Date	n Tit	Amoun or Numbe of Shares	r						
		Reporting Person*	ET AL																
(Last)	RPORATE	(First) CENTER	(Middle)																

GAMCO INV	ESTORS, INC. E	ET AL
(Last)	(First)	(Middle)
ONE CORPORAT	TE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)
1. Name and Address <u>Associated Cap</u>	of Reporting Person* <u>pital Group, Inc.</u>	
(Last)	(First)	(Middle)
191 MASON STR	EET	
(Street)		
GREENWICH	CT	06830
(City)	(State)	(Zip)
1. Name and Address GGCP, INC.	of Reporting Person*	

(Last)	(First)	(Middle)
189 MASON ST	, ,	(
(Street)		
GREENWICH	CT	06830
(City)	(State)	(Zip)
1. Name and Address	of Departing Derson*	
GABELLI MA	· -	
	· -	(Middle)
GABELLI MA	(First)	(Middle)
(Last)	(First)	(Middle)
(Last) 191 MASON ST	(First) REET	(Middle) 06830

Explanation of Responses:

1. GAMCO Investors, Inc. and Associated Capital Group, Inc. have less than a 100% interest in this entity, GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc. and Associated Capital Group, Inc., and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater than the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ Douglas R. Jamieson,
Attorney-In-Fact for MARIO
J. GABELLI, GGCP, INC.,
and ASSOCIATED CAPITAL
GROUP, INC.
/s/ Peter D. Goldstein, General
Counsel for GAMCO
12/11/2024

INVESTORS, INC.

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).