(City)

Leone John

(State)

1. Name and Address of Reporting Person\*

(Zip)

## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

f no longer subject to	
n 4 or Form 5	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

See Footnotes(2)(3)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box it Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan

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

securit intende defens	e purchase or saties of the issue ed to satisfy the se conditions of See Instruction	er that is e affirmative Rule 10b5-																	
		f Reporting Person					nd Tick		Trading S	ymbo	ol			5. Relationship Check all app	licable	e) _	_ `	•	
				3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024									Officer (give title below)  Director  Officer (give title below)  Other (specify below)						
(Street) NEW Y	ORK N	Y 1	0022	4. If a	Ameno	dment,	Date o	of Orig	jinal Filed	(Mor	nth/Day	y/Year			filed b	'Group Fili by One Re by More th	porting	Perso	n
(City)	(S		Zip)																
1 Title of	Security (Ins		2. Transaction		Secu eemed		Acq	uire	d, Disp					5. Amount		6. Owner	rehin	7. Natu	ro of
i. Title of	Security (ins	u. 3)	Date (Month/Day/Year)	Execu	ution D	ate,	Transa Code ( 8)		Dispose	d Of	(D) (Ins	str. 3, 4	4 and 5)	Securities Beneficially Owned Following Reported		Form: Di (D) or Indirect (Instr. 4)	rect (I)	Indirec Benefic Owners (Instr. 4	t cial ship
							Code	v	Amount		(A) or (D)	Price	е	Transaction (Instr. 3 and	n(s) d 4)				
Common	Shares		12/10/2024				S		60,95	8	D	\$20	0.1208(1	1,329,7	781	I		See Footn	otes(2)(
		Та	ble II - Derivat (e.g., pu												d				
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)	action	5. Nu of Deriv Secu Acqu (A) o Disp	umber vative urities uired r osed ) r. 3, 4	6. Da	ate Exercis ration Date hth/Day/Ye	able	_	7. Titl Amou Secur Unde Deriv	e and unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follor Repo	rities ficially ed wing rted saction(s)	Form Direc	t (D) direct	11. Natu of Indire Benefic Owners (Instr. 4
				Code	v	(A)	(D)	Date Exer		Expira Date	ation	Title	Amount or Number of Shares						
		f Reporting Person				'			,								,	'	
(Last)	Г 55TH ST	(First) REET	(Middle)		_														
(Street) NEW Y	ORK	NY	10022		-														
(City)		(State)	(Zip)																
	idge Glo	f Reporting Person' oal Emerging	Markets Part	<u>ners</u>															
(Last) 65 EAS	Г 55ТН ST	(First) REET	(Middle)																
(Street) NEW Y	ORK	NY	10022																

,										
(Last)	(First)	(Middle)								
65 EAST 55TH STREET										
(Street)										
NEW YORK	NY	10022								
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person*										
Clowe Kevin										
(Last)	(First)	(Middle)								
65 EAST 55TH STREET										
(Street)										
NEW YORK	NY	10022								
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person*										
Mellinger Pier	<u>re</u>									
(Last)	(First)	(Middle)								
65 EAST 55TH STREET										
(Stroot)										
(Street) NEW YORK	NY	10022								
(City)	(State)	(Zip)								

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$20.00 to \$20.258, inclusive. The Reporting Persons undertake to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 2. This is a joint filing by PineBridge Global Emerging Markets Partners II, L.P., a Cayman Islands limited partnership ("GEM II"), PineBridge GEM II G.P., L.P., a Cayman Islands limited partnership ("GEM II GP"), John Leone, Kevin Clowe and Pierre Mellinger. The reported shares are held directly by GEM II. GEM II GP is the sole director of PineBridge GEM II GP Ltd., which is the sole general partner of GEM II. Mr. Leone, Mr. Clowe and Mr. Mellinger serve on the three-member investment committee of GEM II GP, which manages the investment activities of GEM II.
- 3. GEM II GP, Mr. Leone, Mr. Clowe and Mr. Mellinger disclaim beneficial ownership of the reported securities except to the extent of any pecuniary interest therein, and this report shall not be deemed an admission of beneficial ownership of the securities for purposes of Section 16 or any other purpose.

/s/ John Leone - for PineBridge GEM II G.P., L.P., By: PineBridge GEM II G.P., 12/12/2024 Co, its general partner, By: John Leone, Vice President /s/ John Leone - for PineBridge Global Emerging Markets Partners II, L.P., By: PineBridge GEM II GP Ltd., its GP, By PineBridge GEM II 12/12/2024 G.P., L.P., its sole director, By PineBridge GEM II G.P., Co., its GP, By: John Leone, Vice **President** /s/ John Leone 12/12/2024 /s/ Lindsay Johnson - as Attorney-in-Fact for Kevin 12/12/2024 /s/ Lindsay Johnson - as

Attorney-in-Fact for Pierre

12/12/2024

Mellinger

\*\* Signature of Reporting Person

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.