FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
II	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

I. Name and Address of Reporting Person* Parra Raul Jr.															5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below))				
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						Date 6		iest Tra	nsaction	(Mon	th/C	ay/Year)		below)	O AND T	REA	below)		
Street) SOUTH JORDAN UT 84095				4.	If Ame	endme	ent, Date	e of Origi	nal Fi	led	(Month/Da	Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Persor	1			
			ole I - No	1		_			-	d, D	isp		*		_				7 Notes
I. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/		ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		Cod	nsaction de (Instr.		. 5)			5. Amount of Securities Beneficially Owned Following Reported		Form	: Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						4			Cod	de V	_	Amount	(A) or (D)	Price	Transact (Instr. 3	and 4)			
	Stock, No				03/02/2023				N	-		6,000		\$37.7	<u> </u>		D		
Common	Stock, No	Par Value		03/0)2/202	.3			S	+		11,980	6 D	\$70	7,	711		D	D
Common	Stock, No	Par Value													2,	872		I	By 401(k) Plan ⁽¹⁾
			Table II -										or Bene ole secur		Owned				
I. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction ode (Instr.		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able		xpiration ate		Amount or Number of Shares					
Non- qualified stock options right to ouy)	\$37.71	03/02/2023			M			6,000	02/26/2	021 ⁽²⁾	0.	2/26/2027	Common Stock	6,000	\$0	10,722		D	
Non- qualified stock options right to ouy)	\$44.8								03/02/2	019 ⁽³⁾	0.	3/02/2025	Common Stock	4,000		4,000		D	
Non- qualified stock options right to ouy)	\$55.73								03/01/2	020 ⁽⁴⁾	0.	3/01/2026	Common Stock	30,000		30,000		D	
Non- qualified stock options right to ouy)	\$56.25								03/19/2	022 ⁽⁵⁾	0	3/19/2028	Common Stock	9,681		9,681		D	
Non- qualified stock options right to ouy)	\$70.58								02/28/2	024 ⁽⁶⁾	0.	2/28/2030	Common Stock	13,576		13,576	5	D	
Non- qualified stock options right to ouy)	\$65.03								02/28/2	023 ⁽⁷⁾	0.	2/28/2029	Common Stock	14,570		14,570		D	

Explanation of Responses:

- 1. Represents plan holdings as of 01/31/2023.
- 2. Becomes exercisable in equal annual installments of 25% commencing 02/26/2021.

- 3. Becomes exercisable in equal annual installments of 20% commencing 03/02/2019.
- 4. Becomes exercisable in equal annual installments of 20% commencing 03/01/2020.
- $5.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 25\%\ commencing\ 03/19/2022.$
- 6. Becomes exercisable in equal annual installments of 25% commencing 02/28/2024.
- 7. Becomes exercisable in equal annual installments of 25% commencing 02/28/2023.

/s/ Brian G. Lloyd, Attorney-in-**Fact**

** 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.