FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

hington,	D.C.	20549			

UIVID APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response:	0.5

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

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

City (Street) WALTHAM MA 02451 City (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intersalish the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	l .	nd Address of <u>Daniel C</u>	f Reporting Person*	*								Symbol ls, Inc.	DCPH			all app	licable) tor	ng Pe	rson(s) to Is	vner
City (State) (Zip) Rule 10b5-1(c) Transaction Indication Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Securities	` ′	•	,	` ′					Trans	saction	(Montl	h/Day/Year)			X	belov	ı) ``	nercia	below)	specify
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Explanation of Responses:

- 1. On February 15, 2023, the Reporting Person was granted restricted stock units ("RSUs"), which vest upon the satisfaction of three performance criteria. On December 12, 2023, the Issuer's Compensation Committee confirmed that performance criteria one had been met, resulting in the vesting of 5,576 RSUs.
- 2. This sale was to cover tax liabilities in the vesting of RSUs.

/s/ Jeffrey M. Held, Attorneyin-Fact

12/14/2023

** 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.