FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | | |
|--|-----------------------|-----------|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | |
| | Estimated average bur | den | | | |

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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

| | | | | | | 1 01 00 | CHOIT | 00(11) 01 1110 11 | ivestine | 111 001 | ilpariy Act of | 1340 | | | | | | |
|--|--------|----------|----------------|---------|---|---------------------|--|--------------------|---|--------------|--------------------------------------|---|---------------------|---|--|---|-----|------------|
| 1. Name and Address of Reporting Person* Miller Brian E. | | | | MA | RRI | ame and Tick | CATI | OŇ | <u>s</u> | | Relationshi heck all app Dired | , | g Pers | son(s) to I | | | | |
| | | | | | WU | RLI | OWIDE (| <u>corp</u> | VA | C] | | | Officer (give title | | | specify | | |
| (Last) 7812 PA | LM PAI | (First | , , | | | | te of E 5/202 | arliest Trans 3 | action (f | Month. | /Day/Year) | | belo | below) below) President, Vacation Ownership | | | | |
| | | | | | 4. If A | mend | ment, Date o | f Origina | al File | d (Month/Day | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ORLAN | DO | FL 32836 | | | | | | | | | | Lir | X Forn | ' | | | | |
| (City) | | (State | e) (Z | (ip) | | Rul | Rule 10b5-1(c) Transaction Indi | | | | | | | | | | | |
| | | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | |
| | | | Table | I - No | n-Deriva | tive S | ecui | rities Acq | uired, | Dis | posed of, | or Bei | nefici | ally Owr | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 11/15/2 | | | | | | 2023 | | | F | | 440 | D | \$82. | 79 3 | 4,543 | | D | |
| | | | Tal | | | | | • | - | | osed of, convertible | | | - | d | | | |
| 1. Title of | 2. | 3 | 3. Transaction | 3A. Dec | emed | 4. | | 5. Number | 6. Date Exercisable and 7. Ti | | | | nd | 8. Price of | 9. Number | of 1 | 10. | 11. Nature |

| | 2. Conversion or Exercise Price of Derivative Security | 3. Iransaction Date (Month/Day/Year) | Transaction Code (Instr. 8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Ittle and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect of Indirect Beneficial Ownership (Instr. 4) | | |
|--|---|--------------------------------------|-----------------------------------|---|-----|-----|--|---|-------|---|--|---|---|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Remarks:

/s/James H Hunter, IV Attorney-In-Fact

11/16/2023

** Signature of Reporting Person

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.

^{*} 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).