## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						011 00(11)		investment e	ompany 7 to							
	d Address of Ventures	Reporting Person* IV, LLC						ker or Trading DAK CO		]		elationship o eck all applic Director	able)	g Perso	. ,	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2023						Officer below)	(give title		Other (s below)	specify	
7632 COUNTY ROAD 42				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) VICTOR NY 14564				_								Form filed by One Reporting Person  X Form filed by More than One Reporting Person				
					Rule 10b5-1(c) Transaction Indication											
(City) (State) (Zip)					Chec	ck this box	to ind	icate that a trar se conditions of	saction was r	nade pursua	nt to a contra uction 10.	act, instruction	or written p	lan tha	t is intended t	o satisfy
		Tal	ole I - Non-Der	ivativ	re Se	curitie	s Ac	quired, D	isposed (	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		Code (Ins	on Dispose	I. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)		nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) o	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
			Table II - Deriv									Owned		<u> </u>		
1 Title of	,	3. Transaction		puts <sub>1</sub>	, call	_		s, options				8. Price of	0 Numbe	r of	10	11. Nature
1. Title of Derivative Security (Instr. 3)  Conversior or Exercise Price of Derivative Security		S. Hansaction Date (Month/Day/Year)	Execution Date, 1		action (Instr.	າ of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)			Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	p of Indirect Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
5.00% Cumulative Series C Convertible Preferred Stock	\$10 <sup>(1)</sup>	10/01/2023		J <sup>(2)</sup>		14,055		10/15/2023	(3)	Common Stock	140,550	\$0	1,138,4	143	D <sup>(4)</sup>	
	d Address of Ventures	Reporting Person*														
(Last) 7632 CO	UNTY ROA	(First)	(Middle)													
(Street) VICTOR		NY	14564													
(City)		(State)	(Zip)		-											
		Reporting Person*														
(Last) C/O FISH 76		(First) ET MANAGEM	(Middle)													
(Street) VICTOR		NY	14564													
(City)		(State)	(Zip)													

## **Explanation of Responses:**

- $1. \ The initial conversion price is subject to certain customary anti-dilution adjustments and to proportional increase in the event the liquidation preference of the Series C Convertible Preferred Stock is increased.$
- 2. The reporting person received 14,055 shares of 5.00% Cumulative Series C Convertible Preferred Stock as a payment-in-kind dividend on aggregate shares of Series C Preferred Stock owned at the close of business on the record date of October 1, 2023, and payable on October 15, 2023.
- $3.\ The\ 5.00\%\ Cumulative\ Series\ C\ Convertible\ Preferred\ Stock\ is\ convertible\ into\ Common\ Stock\ at\ any\ time\ on\ a\ ten-for-one\ basis\ and\ has\ no\ expiration\ date.$
- 4. Owned directly by GO EK Ventures IV, LLC and indirectly by its sole member, B. Thomas Golisano.

B. Thomas Golisano

10/02/2023

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- $^{\star\star} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ \text{and}\ 15\ U.S.C.\ 78 \text{ff(a)}.$

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.