FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20

STATEMENT	OF CHANGES	S IN BENEFIC	IAL OWNERSHI

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

1. Name and Address of Reporting Person^*

Ma-Weaver Jacob

instruc	tion 1(b).			F					(a) of the S e Investme				it 1934			<u> </u>			
	nd Address of lar Funds	f Reporting Person [*]	,						cker or Tra						lationship c ck all applic Directo	able)	g Pers		
				3. Date of Earliest Transaction (Month/Day/Year) 09/22/2023								Officer (give title Other (specify below) below)							
601 CAI SUITE 1	LIFORNIA 151	STREET			4.	If Am	endme	nt, Date	of Origina	l File	d (Month/E	Day/Year)		6. Ind Line)	lividual or J				
(Street)					-									X	Form fi	led by Moi		orting Person One Repo	
SAN FRANC	ISCO C	A	94108		R	ule	10b	5-1(0	:) Tran:	sac	tion Inc	dicatio	n						
(City)	(S	State)	(Zip)		- _				dicate that a						ct, instruction	n or written	plan th	at is intende	d to satisfy
		Tal	ole I - No	n-Der	ivativ	re S	ecuri	ties A	cquired	, Dis	sposed	of, or E	Benef	icially	/ Owned				
1. Title of	Security (Ins	tr. 3)		Date	saction //Day/Ye	ear)	if any	emed ion Date /Day/Ye	Code		Dispose	rities Acqu d Of (D) (li			5. Amour Securitie Beneficia Owned F Reported	s ally following	Form (D) o	vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or Pi	rice	Transact (Instr. 3 a	ion(s)			(
Common	Stock			09/2	2/202	3			P		32,04	40 A	\$	6.8525	5 460	,840		I	By Funicular Funds, LP ⁽¹⁾
			Table II -) Owned				
1. Title of	2.	3. Transaction	3A. Deeme	ed	9uts,		5. N	arrant _{umber}	6. Date Ex	ercis	able and	7. Title a	nd Amo	unt	8. Price of	9. Numbe		10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da		Code (Der Sec Acq (A) Disp	oosed O) tr. 3, 4	Expiration (Month/Da			of Secur Underlyi Derivativ (Instr. 3	ng /e Secu	- 1	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Si						
Put Option (obligation to buy)	\$7	09/22/2023			S			6,000	09/22/202	23 1	10/20/2023	Commor Stock	600	,000	\$0.1449	6,000	0	I	By Funicular Funds, LP ⁽¹⁾
	nd Address of lar Funds	Reporting Person [*]	·																
(Last) 601 CAI SUITE 1	LIFORNIA 151	(First) STREET	(Mid	dle)															
(Street)	ANCISCO	CA	941	08															
(City)		(State)	(Zip)																
	nd Address of Car Capit	f Reporting Person [*] al LLC	·																
(Last) 601 CAI SUITE 1	LIFORNIA 151	(First) STREET	(Mid	dle)															
(Street) SAN FR	ANCISCO	CA	941	08															
(City)		(State)	(Zip)																

(Last)	(First)	(Middle)	
601 CALIFO	ORNIA STREET		
SUITE 1151			
(Street)			
SAN FRAN	CISCO CA	94108	
(City)	(State)	(Zip)	

Explanation of Responses:

1. The securities were purchased and are held by Funicular Funds, LP (the "Fund"). Cable Car Capital LLC ("Cable Car"), as the General Partner of the Fund, and Jacob Ma-Weaver, as the Managing Member of Cable Car, may each be deemed the beneficial owner of the shares owned by the Fund. Each of the Reporting Persons is a member of a Section 13(d) group that collectively owns more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.

By: Cable Car Capital LLC,

By: /s/ Jacob Ma-Weaver, 09/25/2023

Managing Member

By: Funicular Funds, LP, By:

Cable Car Capital LLC, By: /s/ 09/25/2023

Jacob Ma- Weaver, Managing

<u>Member</u>

By: /s/ Jacob Ma-Weaver 09/25/2023

** Signature of Reporting Person Date

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.

 $^{^{\}star}$ 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).