Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

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. Title of Secu | rity (Instr. 3) | | -Derivative S 2. Transaction Date | 2A. Deemed Execution Date, | uired, Disp 3. Transaction | 4. Securities Acquired (Disposed Of (D) (Instr. 3 | A) or | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
|---|---------------------|----------|---|--------------------------------------|----------------------------------|---|-------------------|---|------------------------------|--------------------------|
| (City) | (State) | (Zip) | | | | | | | | |
| WESTON | MA | 02493 | | | | | X | Form filed by On Form filed by Mo Person | | |
| (Street) | | | 4. If Ar | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Grou | p Filing (Check | Applicable |
| (Last) 84 SUMMEF | (First) R STREET | (Middle) | 3. Date 06/03 | e of Earliest Transa 2/2021 | ction (Month/I | Day/Year) | | Officer (give title below) | Other below | (specify) |
| 1. Name and Address of Reporting Person [*] Welch John R. | | | | er Name and Ticke AN HARBC | | | | ationship of Reporti all applicable) Director | , , | |

| | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | | 5) | | | Beneficially Owned Following Reported | | Beneficial Ownership (Instr. 4) |
|--------------|------------------|----------------------------|--------------------|---|----------------------|---------------|-------------------|---|---|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 06/03/2021 | | A | | 1,513 ⁽¹⁾ | A | \$ <mark>0</mark> | 15,673 | D | |
| | | | | | | | | | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Insti | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Titl Amou Secur Unde Deriv Secur 3 and | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|---|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Award of restricted stock to non-employee director vesting 100% upon the date of the next annual meeting of shareholders.

06/07/2021

** Signature of Reporting Person Date

John R. Welch

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.