FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287

| 1. Title of Security | (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|--|--------------------|---------------|--|---|---|---|------------------------|---|---|---|
| | | Table I - Nor | n-Derivative S | ecurities Acq | uired, Disp | oosed of, or Benef | icially | Owned | | |
| (City) | (State) | (Zip) | | | | | | Porm filed by N Person | lore than One Re | porting |
| (Street) WOOD DALE IL 60191 | | | 4. If A | mendment, Date of | Original Filed | l (Month/Day/Year) | 6. Indiv Line) X | Form filed by C | oup Filing (Check One Reporting Per | son |
| (Last) C/O 201 MITTH | D 201 MITTEL DRIVE | | 09/1 | e of Earliest Transa 5/2022 | | | | below) | below | , |
| 1. Name and Address of Reporting Person* Landini Kenneth W (Last) (First) (Middle) | | | POV | uer Name and Ticko VER SOLUT ERNATION | IONS | | | all applicable) Director Officer (give tit | | Owner (specify |
| to Section 16. Fo obligations may Instruction 1(b). | | | | nt to Section 16(a) (ction 30(h) of the In | | es Exchange Act of 1934 npany Act of 1940 | | 11 | imated average bur Irs per response: | den 0.5 |

| | | (Month/Day/Year) | 8) | məu. | 3) | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) | |
|--------------|------------|------------------|------|------|----------------------|---------------|--------|------------------------------------|----------------|-------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | |
| Common Stock | 09/15/2022 | | A | | 5,000 ⁽¹⁾ | Α | \$0.00 | 49,000 | D | | |

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

| 1 | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|---------------------------|--|--------------------|-------------------------------|---|---|--|--|--|
| 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 Dispe of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | Amou Secu Unde Deriv | 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. Represents Common Stock in the form of restricted stock granted under Issuer's 2012 Incentive Compensation Plan as amended and restated and subject to certain restrictions contained in a Restricted Stock Agreement, dated as of September 15, 2022, between Issuer and Kenneth W Landini. Subject to certain conditions, 5,000 shares will vest on July 10, 2023.

Remarks:

| <u>/s</u> | /Ke | nnet | h W | Land | ini |
|-----------|-----|------|-----|------|-----|
| de de | | | | | |

** Signature of Reporting Person Date

09/16/2022

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.