FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | |
| | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | | | |

Beneficial Ownership (Instr. 4)

| to Section 16. F obligations may Instruction 1(b). | orm 4 or Form continue. See | | | it to Section 16(a) o tion 30(h) of the Inv | | es Exchange Act of 1934 pany Act of 1940 | | ll ll | mated average bur rs per response: | den 0.5 |
|--|-----------------------------|---------------------------------|--|--|---|--|------------------------|---|---|---|
| 1. Name and Addre Anderson Ca (Last) 1100 CAMPUS | (First) | ng Person [*] (Middle) | INT COF | er Name and Ticke EGRA LIFES P [IART] e of Earliest Transa /2022 | SCIENCE | S HOLDINGS | | all applicable) Director Officer (give titl below) | or 10% Ov (give title Other (s | |
| (Street) PRINCETON NJ 08540 (City) (State) (Zip) | | | 4. If Ar | nendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | • | up Filing (Check ne Reporting Pel lore than One Re | son |
| | | Table I - Nor | n-Derivative S | ecurities Acqu | uired, Disp | osed of, or Benef | icially | Owned | | |
| 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 (ADisposed Of (D) (Instr. 3, 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |

| Common | Common Stock 07/01/2022 | | | | F | 4,425 | I | \$5 | 5 5 | 7,811 | 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) 5. Nun Deriva Secur Acqui (A) or Dispo- of (D) (Instr. and 5) | | vative crities cired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | 7. Title 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) | 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 | | | | |

Code ٧

Explanation of Responses:

Remarks:

/s/ Eric Schwartz; Attorney-in-07/05/2022

Fact

(A) or (D)

Price

Amount

Reported Transaction(s) (Instr. 3 and 4)

** Signature of Reporting Person Date

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.