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: 0.5 | | | | | | | | |

| Instruction 1 | (b). | | | nt to Section 16(a) ction 30(h) of the In | | es Exchange Act of 1934 npany Act of 1940 | | hour | s per response: | 0.5 |
|---|-----------------|----------------|--|---|---|---|------------------------|--|---|---|
| 1. Name and Address of Reporting Person [*] Llorens Josep | | | uer Name and Tick EMONETICS | | | | all applicable) | , | | |
| (Last) 125 SUMME | (First) | (Middle) | | e of Earliest Transa)/2022 | action (Month/ | Day/Year) | X | Officer (give title below) EVP, Global | e Other below Manufacturin | <i>,</i> |
| (Street) BOSTON (City) | MA (State) | 02110 (Zip) | 4. If A | mendment, Date of | Öriginal Filec | l (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Grou Form filed by Or Form filed by Mo Person | ne Reporting Per | son |
| | | Table I - Non | -Derivative S | ecurities Acq | uired, Disj | oosed of, or Benel | icially | Owned | | |
| 1. Title of Secu | rity (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 (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |

| | | (Month/Day/Year) | 8) | | 57 | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) |
|--------------|------------|------------------|------------------|---|----------------------|---------------|---------------|------------------------------------|----------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 05/19/2022 | | S ⁽¹⁾ | | 1,418 ⁽¹⁾ | D | \$59.1 | 17,335 ⁽²⁾ | 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) | | n of | | 6. Date Exercisable and 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 | | | | |

Explanation of Responses:

1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain restricted stock units ("RSUs") previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its 2019 Long Term Incentive Compensation Plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

2. This number includes unvested RSUs previously reported.

| <u>/s/ Thor</u> | nas V. | <u>Powers</u> , |
|-----------------|--------|-----------------|
| attorney | -in-fa | ct for Mr |

Llorens

05/23/2022

** 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.