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 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1 | nd Address o David F | f Reporting Person* | | | | | ne and Tic bio, Inc | | | | ymbol | | | | elationship o eck all applio Directo | able) | g Pers | son(s) to Iss | |
|--|--|---------------------|-----------------|-----------------|---|-----------------------------|-------------------------------------|---|-------------------|------------------------|--|---|---|--|---|--|---------------------------------------|---------------------------------------|---|
| 1 | RIC BIO, | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2020 | | | | | _ | below) | r (give title Other (spec below) VP, CFO and Treasurer | | | specify | | | | |
| (Street) NEW YO | ORK, N | Y | 10119 (Zip) | | 4. If An | nendm | ent, Date | of Orig | ginal Fi | led | (Month/Da | ay/Ye | ar) | Line | X Form f | led by One led by Moi | e Repo | (Check Ap orting Perso One Repo | n |
| | | Tab | le I - Noi | า-Deriv | ative S | ecur | ities Ac | quir | ed, D | isp | osed o | of, o | r Ben | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | | Execution Date, | | r, Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | I (A) or . 3, 4 and | Securitie Benefici Owned F | 5. Amount of Securities Beneficially Owned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Co | ode | , | Amount (A) or (D) | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 12/1: | | | | 2/2020 | | 1 | М | | 12,500 A | | (1) | 59,540 | | | 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) | Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ransaction of E | | | Expir | Expiration Date (Month/Day/Year) | | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Restricted

Stock Units

- 1. Restricted stock units converted into common stock on a one-for-one basis upon vesting of the units.
- 2. On December 12, 2018, the Reporting Person was granted 50,000 restricted stock units, which vest with respect to 25% of the shares subject to the award on each of the first, second, third and fourth anniversaries of the grant date, subject to continued employment with the Registrant and the other terms and conditions under the Registrant's 2013 Stock Incentive Plan.

12,500

(A) (D) Date Exercisable

(2)

Expiration Date

(2)

/s/ Todd Anderman, as

Attorney-in-Fact for David F. 12/15/2020

\$<mark>0</mark>

25,000

D

Carroll

Title

Stock

** Signature of Reporting Person Date

or Number

12,500

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).

12/12/2020

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.