SEC Form 4 FO	RM 4	UNIT	ED STATE	S SECURIT	-		D EXCH	ANG	ЕСОМ	MISSION	OMB AF	PROVAL	
to Section 16	ox if no longer subject 5. Form 4 or Form 5 hay continue. <i>See</i> b).	ST	Filed p	OF CHAN ursuant to Section 1 or Section 30(h) of t	6(a) of	the Se	ecurities Exch	ange Ac	et of 1934	RSHIP	OMB Number: Estimated average hours per respor	-	
1. Name and Address of Reporting Person [*] Fund 1 Investments, LLC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			
(Last)	(First)	(Middle)		3. Date of Earliest T 02/09/2024	ransact	ion (M	lonth/Day/Yea	ar)		Officer (giv below)		Other (specify below)	
100 CARR 115 UNIT 1900			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street) RINCON	PR	0067		Y Person Person									
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								t is intended to	
		Table I - I	Non-Derivati	ve Securities /	Acqui	red,	Disposed	of, or	Benefic	ially Owned			
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Class A Comn	non Stock		02/09/2024		Р		23,500	A	\$7.4714	4,926,757	Ι	See Footnotes ⁽¹⁾⁽²⁾	
Class A Comn	non Stock		02/13/2024		Р		26,000	A	\$7.4454	4,952,757	I	See Footnotes ⁽¹⁾⁽²⁾	
Class A Comn	non Stock	Ì								1,559,510	Ι	See Footnotes ⁽¹⁾⁽³⁾	

Table II - Derivative Securities Acquired, Disposed of, or Beneficia	Ily Owned
(e.g., puts, calls, warrants, options, convertible securities	3)

See

Footnotes(1)(4)

I

633,466

								-							
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	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Deriv	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				

1. Name and Address of Reporting Person^{*}

Fund 1 Investments, LLC

Class A Common Stock

(Last) (First) (Middle) 100 CARR 115 UNIT 1900 (Middle) (Street) RINCON PR 00677 (City) (State) (Zip) 1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)				
UNIT 1900 (Street) RINCON PR 00677 (City) (State) (Zip) 1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)	(Last)	(First)	(Middle)	
(Street) PR 00677 (City) (State) (Zip) 1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)	100 CARR 115			
RINCON PR 00677 (City) (State) (Zip) 1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)	UNIT 1900			
(City) (State) (Zip) 1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)	(Street)			
1. Name and Address of Reporting Person* Pleasant Lake Onshore Feeder Fund LP (Last) (First)	RINCON	PR	00677	
Pleasant Lake Onshore Feeder Fund LP (Last) (First) (Middle)	(City)	(State)	(Zip)	
(Last) (First) (Middle)	1. Name and Address	of Reporting Person	e	
	Pleasant Lake	Onshore Feede	er Fund LP	
100 CARD 115 LBUT 1000	(Last)	(First)	(Middle)	
100 CARR 115 UNIT 1900	100 CARR 115 U	NIT 1900		
	(Street)			
(Street)	RINCON	PR	00677	

(City)	(State)	(Zip)
1. Name and Addi Pleasant Lal		
(Last) 100 CARR 115	(First) 5 UNIT 1900	(Middle)
(Street) RINCON	PR	00677
(City)	(State)	(Zip)

Explanation of Responses:

1. Shares reported herein are held for the benefit of Pleasant Lake Onshore Feeder Fund, LP (the "PL Fund") and additional private investment vehicles for which Pleasant Lake Partners LLC ("PLP") serves as investment adviser. Fund 1 Investments, LLC serves as managing member of PLP. Jonathan Lennon serves as managing member of Fund 1 Investments, LLC. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or his pecuniary interest therein.

 $\ensuremath{2}.$ Shares held for the account of the PL Fund.

3. Shares held for the account of an unaffiliated private fund for which PLP serves as investment adviser ("Client 2").

4. Shares held for the account of an unaffiliated private fund for which PLP serves as investment adviser ("Client 3").

/s/ Fund 1 Investments, LLC, by: Benjamin C. Cable, Chief 02/13/2024 **Operating Officer** /s/ Pleasant Lake Onshore Feeder Fund, LP, by Pleasant Lake Partners LLC, its Investment Adviser, by Fund 1 02/13/2024 Investments, LLC, its Managing Member, by Benjamin C. Cable, Chief **Operating Officer** /s/ Pleasant Lake Partners LLC, by Fund 1 Investments, LLC, its Managing Member, 02/13/2024 by Benjamin C. Cable, Chief **Operating Officer** ** 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.