FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	STATEMENT (
Section 16. Form 4 or Form 5 obligations may continue. See	
Instruction 1(b).	Filed purs

OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Szoke Thomas Robert													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SZOKE THOMAS RODER						The last trees 1								X Director 10% Owner					
(Last)	•	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/28/2023								X Officer (give title Other (specify below) below) Chief Technology Officer					
l	THID INC.	O DI VID. DI DA	C A CTT T	22															
1385 5.	1385 S. COLORADO BLVD. BLDG A STE 322				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DENVE	R C	0	80222										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	ity) (State) (Zip)				Rı	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tal	ole I - No	n-Deri\	/ative	e So	ecurities	s Ac	quired, l	Disp	osed c	of, or Be	neficiall	y Owned					
Date					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disp Code (Instr. 5)		Dispose	urities Acquired (A) of sed Of (D) (Instr. 3, 4 a		5. Amoun Securities Beneficia Owned Fo	s lly ollowing	6. Own Form: (D) or I (I) (Ins	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			(Instr. 4)	
Common	Stock, \$0.0	0001 par value p	er share											365,000 D					
Common	Stock, \$0.0	0001 par value p	er share											I 100 000 I I I			See ootnote ⁽¹⁾		
			Table II -											Owned					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution	d 4	i.	. 5. Nu		5. Number of 6		s, options, convertible securities 6. Date Exercisable and Expiration Date 7. Title and Amou of Securities			I Amount	8. Price of Derivative	9. Number of derivative		10. Ownership	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day		Code (Ir I)	nstr.	Securitie Acquired or Dispo- of (D) (In 3, 4 and	l (A) sed str.	(Month/Day	//Yeai)	Underlying Derivative Secu (Instr. 3 and 4)		Security (Instr. 5)	Securitie Beneficia Owned Followin Reported	ally g	Form: Direct (D) or Indirect (I) (Instr. 4)	ct (Instr. 4)	
							1			Т			Amount		Transaction(s (Instr. 4)				
				c	Code	v	(A)	(D)	Date Exercisable		piration ate	Title	or Number of Shares						
Stock Options ⁽²⁾	\$0.685	06/28/2023			A		400,000		06/28/2023	3 06	/28/2033	Common Stock, \$0.0001 par value per share	400,000	\$0.685	400,0	,000 D			
Stock Options ⁽²⁾	\$0.33								03/14/2023	3 03	/14/2033	Common Stock, \$0.0001 par value per share	100,000		100,0	,000 D			
Stock Options	\$7.2								05/05/2021	. 05	/05/2031	Common Stock, \$0.0001 par value per share	33,334		33,33	34	D		
										_		Personale							

Explanation of Responses:

- 1. Shares held by Mr. Szoke's wife, Ginta Ozola-Szoke.
- 2. The stock option vesting is subject to achievement of performance and service conditions.

/s/ Thomas Szoke

06/30/2023

** 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.