FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APP	ROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person* SHIFFMAN GARY A											5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner Officers (vice title 2000)					er					
(Last) 27777 FI SUITE 2	(Fii RANKLIN 00	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022									X Officer (give title Other (specify below) Chairman & CEO						
(Street) SOUTHFIELD MI 48034				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St		Zip)																		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/)		n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) c Disposed Of (D) (Instr. 3, 4		d (A) or	or 5. Am Secur Bene Owne		mount of urities eficially ned Following orted		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) or (D)	Price		Transacti (Instr. 3 a	on(s)			(Instr. 4)			
COMMO VALUE	N STOCK,	, \$0.01 PAR		02/14/202	22			F		2,267	D	\$189.	.22	922,	983	I	D				
COMMO VALUE	N STOCK,	, \$0.01 PAR												233,	417		I	Own a gra retair annu trust	ned iity		
COMMO VALUE	N STOCK,	, \$0.01 PAR												130,	810		I		ed by rocable s ⁽²⁾		
COMMO VALUE	N STOCK,	, \$0.01 PAR												16,6	671		I	Own	ed by		
COMMON STOCK, \$0.01 PAR VALUE												76,000		I		Owned by irrevocable trust. ⁽³⁾					
		Ta	ble I	l - Derivati (e.g., pu						posed of, , convertib				y Owned	d						
1. Title of Derivative Security 1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		Deemed cution Date,	4. Transaction of Deriva Secur Acquir (A) or Dispo of (D) (Instr.		5. Numbe	er 6. Date Ex Expiration (Month/Da		ercisable and Date	1		8 1	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)		1. Nature of Indirect Beneficial Ownership Instr. 4)				
	a of Donnou				Code	· V	(A) (D)	Date Exer	cisabl	Expiration e Date	Title	Amoun or Numbe of Shares	er								

- 1. Owned by grantor retained annuity trust of which the reporting person is not a trustee. The reporting person is the only beneficiary during the term of the grantor retained annuity trust. At the end of the annuity term, the remaining property in the grantor retained annuity trust will be distributed to a trust for the benefit of the reporting person's spouse and descendants of which the reporting person is not a
- 2. Owned by irrevocable trusts of which the reporting person is neither the trustee nor the beneficiary. The beneficiaries of these trusts are the reporting person's spouse and other family members.
- 3. Owned by irrevocable trust of which the reporting person is a trustee and beneficiary.

Remarks:

Gary A. Shiffman

02/15/2022

** Signature of Reporting Person

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.