| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| ON | 3235-0287 | | | | | | | |
|----|--------------------------|-----|--|--|--|--|--|--|
| Es | Estimated average burden | | | | | | | |
| ho | urs per response: | 0.5 | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Ac SHOLTIS | ldress of Reporting P SUSAN | erson* | | uer Name and Ticke IQ, Inc. [PETQ | | ding S | ymbol | | | ationship of Reportin k all applicable) Director Officer (give title | 10% (| Owner |
|--|--------------------------------|--|---|--|------|--------|------------------|-----------------------|---|---|---|------------|
| (Last) 923 S. BRID | (First) GE WAY PL | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2021 | | | | X | C Officer (give title below) President Other (specify below) | | | |
| (Street) | | | 4. lf A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | 6. Indi Line) | vidual or Joint/Group | o Filing (Check A | pplicable | | |
| EAGLE | ID | 83616 | | | | | | | X | Form filed by One | | |
| (City) | (State) | (Zip) | | | | | | | | Form filed by Moi Person | re than One Rep | orting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Yea | 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 | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed Execution Date, 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of Derivative 9. Number of 10. 11. Nature Derivative Conversion Date Transaction of Expiration Date (Month/Day/Year) of Securities derivative Ownership of Indirect (Month/Day/Year) Derivative Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Code (Instr. 8) Underlying Derivative Security Security (Instr. 5) Securities Beneficially Form: Direct (D) Beneficial Securities Ownership Derivative (Instr. 3 and 4) Owned Acquired or Indirect (Instr. 4) (A) or Disposed of (D) (Instr. 3, 4 and 5) Security Following (I) (Instr. 4) Reported Transaction(s) (Instr. 4) Amount Number Date Expiration ν (D) (A) Exercisable Title Shares Code Date Class A Restricted (1)(2)(3) 50,000 05/07/2021 (3) A 50,000 Commor \$<mark>0</mark> 50,000 D Stock Unit Stock

Explanation of Responses:

1. Each RSU represents a contingent right to receive one share of Class A Common Stock.

2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Class A Common Stock.

3. The RSU's vest in approximately equal installments on each of the first four anniversaries of May 07, 2021, subject to the reporting person's continuous service as an employee of the Issuer. **Remarks:**

/s/ R. Michael Herrman, as

05/11/2021

attorney-in-fact ** 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.