FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 Address of Reporting Person* <u>Dixon Robert L JR</u> | | | | | | | | | | | | | | | | tionship of Reportin all applicable) Director | | son(s) to Iss 10% Ov | | |
|---|---|--|---|-------------|------------------------------|---|---------|--------------|--|---|------------------|--|-------------------|----------------------|---|---|---------|--|--|--|
| (Last) | ` | irst) 00 FIRST ST, SU | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2020 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | | |
| (Street) SAN FRANCISCO CA 94105 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | curitie | es Ac | quired, | Dis | posed | of, or Be | enef | iciall | y Owne | d | | | | |
| Date | | | 2. Trans Date (Month/I | ay/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | t (A) or Pri | | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (111301.4) | |
| Class A Common Stock 06/14/ | | | | | /2020 | | | M | | 905 | 905 A | | (1) | 905 | | | D | | | |
| | | Т | | | | | | | | | | f, or Ben ible sec | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Exe Expiration (Month/Da | Date | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or | ount nber ıres | | | | | | |
| Restricted Stock | (1) | 06/14/2020 | | | M | | 905 | | (2) | | (2) | Class A Common | 9 | 05 | \$0.00 | 1,810 | | D | | |

Explanation of Responses:

- $1. \ Each \ Restricted \ Stock \ Unit \ ("RSU") \ represents \ the \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ Class \ A \ Common \ Stock.$
- 2. 33-1/3% of the shares underlying the RSU vested on June 14, 2020, and the remaining shares underlying the RSU shall vest in 2 equal annual installments thereafter, subject to the Reporting Person's continued service with the Issuer on each such date.

Remarks:

/s/ Larissa Schwartz, attorney-06/15/2020 in-fact of the Reporting Person

** 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.