FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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

1. Name and Address of Reporting Person* Tietz Christopher G (Last) (First) (Middle) 1201 DEMONBREUN ST SUITE 700																of Reportin icable) or r (give title	ng Pers	son(s) to Iss 10% Ov Other (s	vner
						/18/2	023		,		/Day/Year)		Chie	below) below) Chief Credit Policy Officer/Sp					
(Street) NASHV		N tate)	_ 4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deriv	/ative	Se	curitie	es A	cquired	, Dis	posed	of, or	Bene	eficial	ly Owne	d			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							v	Amount	(A) or (D) Pi		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Common Stock				01/18/2023(1)						2,839	(2)	A	\$17.7	5 4	7,487	D		
Common	Stock ⁽³⁾														1	·			By 401(K) Plan
		Т	able II -								osed of convert				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactic Code (Inst 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	OI N Of	umber					
Employee Stock Option (right to	\$13.32								(4)	C	03/02/2026	Commo		5,000		25,000	0	D	

Explanation of Responses:

- 1. This is an inadvertent late filing due to an administrative error.
- 2. The reported item represents an award of restricted stock which vested in three equal annual installments beginning on December 31, 2023.
- 3. The reported item reflects the reporting person's interest in equivalent shares held by the unitized stock fund in the issuer's 401(k) plan ("Plan"). The unitized stock fund consists of approximately 95% of the issuer's common stock and approximately 5% cash or cash equivalents. The number of shares attributed to the reporting person as a Plan participant and expressed as equivalent shares has been calculated based on the \$17.75 closing price of the issuer's common stock as of January 18, 2023 and may change from time to time without the volition of the reporting person depending on the fair market value of the issuer's common stock and the amount of cash in the fund
- 4. The reported item represents an award of options which vested in four equal annual installments beginning on the first anniversary of the March 2, 2016 grant date.

Remarks:

/s/ Jeffrey Moody, as Attorney-03/01/2023 in-Fact for Christopher G. Tietz

** 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.