| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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| OMB Number: | 3235-0287 |
| Estimated average bu | urden |
| hours per response: | 0.5 |

| to Section 16 | ox if no longer subject. Form 4 or Form 5 ay continue. See | t STA | TEMENT | OF CHANGE | Estin | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | | |
|---|--|---|-------------|--|---|--|------------|-------|---|---|---|---|--|--|--|
| Instruction 1(| b). | | | rsuant to Section 16(a) r Section 30(h) of the Ir | | | | | 934 | | | 0.0 | | | |
| 1. Name and Address of Reporting Person [*] Andersen Robert J | | | | Issuer Name and Tick <u>Aperi Holding C</u> | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specif | | | | | | |
| 1 | (First) IOLDING COF ARD PARKWA | | | Date of Earliest Trans 4/29/2022 | action (I | Month | /Day/Year) | | below) | inancial Officer | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN JOSE | CA | 95134 | | | | | | | x | , | ne Reporting Per ore than One Re | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - No | n-Derivativ | e Securities Acq | uired | , Dis | posed of, | or Be | neficially | y Owned | | | | | |
| Date | | | | ar) 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 95134 te) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Code (Instr. 8) Code V Amount (A) or Price | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | | | | | | | | |
| Common Stock | | | 04/29/2022 | 2 | A | | 66.155 | A | \$0.001 | 269,516 | D | | | | |

| Common Stock 04/29/2 | | | 2022 | | | | A | | 66,155 | A | \$0.0 | 001 20 | 59,516 | D | | | |
|--|--|---------------------------|---|------|---|-----|-------------------------------------|-------------------|--------|---|-------|---|--|--|--|--|--|
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | Execution Date, if any | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owner Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

/s/ Paul E. Davis as Attorneyin-Fact for Robert J. Andersen

05/03/2022

** 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.