

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lockard Sto	even C			Tl	PI (COMI	POSITE	S, I	NC [TPIC								
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner Officer (give title below) Other (specify below)						
							40.0		.004				Officer (gr	ve title below	/)Oth	er (specify b	pelow)	
8501 NORT							12/	31/2	2021									
ROAD,, GA 100	ANEY C	ENTER .	II, SUIT	E														
	(St	reet)		4.	If A	mendme	ent, Date C)rigii	nal Fil	led (MM	/DD/	/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
SCOTTSDALE, AZ 85253														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	tate) (Zip	p)												one responding r			
			Table I - 1	Non-Dei	riva	tive Sec	urities Ac	quir	ed, D	isposed	of,	or Be	neficially Own	ed				
1. Title of Security (Instr. 3) 2. Trans. I			ans. Date	Exec	Deemed cution e, if any	3. Trans. Co (Instr. 8)	or Dis		curities Acquired (sposed of (D) : 3, 4 and 5)		,	5. Amount of Securi Following Reported (Instr. 3 and 4)	ities Beneficially Owned l Transaction(s)		6. Ownership Form: Direct (D)	Beneficial		
							Code	v	Amor	unt (A)		Price					Ownership (Instr. 4)	
Common Stock			12/	31/2021			М		59743	.00 A	L	\$0.00	48	38445.00		I	By Lockard Family Trust	
	Ta	ble II - Dei	ivative Se	curities	Ben	eficiall	y Owned ((e.g.,	, puts,	, calls, v	var	rants,	options, conve	rtible sec	urities)			
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative		(A) or of (D)		6. Date Exercisable and Expiration Date			ecurities	Underlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)	(D)	Date Exer	cisable	Expiratio Date	n Ti	itle	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Restricted Stock Units	<u>(1)</u>	12/31/2021		M			59743.00		<u>(2)</u>	(1)(2)	(Common Stock	59743.00	\$0.00	0.00	D		

Explanation of Responses:

- (1) The Performance Based RSUs vested in full on December 31, 2021. The reporting person was eligible to receive 100% of the Performance Based RSUs if (i) the Issuer's 30 day, volume weighted average stock price exceeded the following stock price hurdles: \$36, \$42 and \$48; and (ii) the reporting person provided continuous service to the Issuer, during the applicable performance period of the underlying award (March 06, 2019 to December 31, 2021).
- (2) Each RSU represents a contingent right to receive one share of the common stock. All unvested RSUs will automatically expire upon Reporting Person's termination of service from Issuer.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Lockard Steven C 8501 NORTH SCOTTSDALE ROAD, GAINEY CENTER II, SUITE 100	X						
SCOTTSDALE, AZ 85253							

Signatures

/s/ Steven G. Fishbach, Attorney-in-Fact 1/4/2022

**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 control number.