

☐ 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. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HUGHES J.	AMES A	LTON		T	PΙ	COMPO	OSITES	5, II	NC [TPIC]						
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)						X_ Director10% Owner Officer (give title below) Other (specify below)					
							= 10	4 / 🕿 🔿				Officer (giv	e title below) Oth	er (specify t	pelow)
8501 NORT							5/24	1/20	23							
ROAD,, GA 100	INEY C	ENTER	II, SUI	ITE												
	(Str	eet)		4.	If A	Amendmen	t, Date O	rigin	al File	ed (MM/DI	D/YYYY)	6. Individual o	or Joint/G	roup Filing (Check Appl	icable Line)
SCOTTSDA	LE, AZ	85253										X Form filed by		ting Person One Reporting P	erson	
(0	City) (St	ate) (Zi	ip)	R	ule	10b5-1(c)	Transactio	n In	dicati	on						
												made pursuant to ditions of Rule 1		,		en plan
			Table I	- Non-De	riva	ative Secu	rities Acq	uire	ed, Dis	sposed of	f, or Be	neficially Owne	d			
1. Title of Security (Instr. 3)				2. Trans. Date			3. Trans. Code (Instr. 8)					Following Reported Transaction(s) Instr. 3 and 4) Ownership Form: Ben Direct (D) Own			Beneficial Ownership	
							Code	V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 5/24/202				5/24/2023			M		9513.0	00 A	\$0.00	35317.00			D	
	Tal	ble II - De	rivative	Securities	Be	neficially	Owned (e	e.g. , j	puts,	calls, wa	rrants,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if an	n (Instr. 8)		5. Number of Securities Ac or Disposed of (Instr. 3, 4 an	quired (A) of (D)	6. Date Exercisable and Expiration Date		Securities	s Underlying e Security	Derivative Security	Securities Beneficially Owned		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Units	(1)	5/24/2023		M			9513.00	(<u>1)(2)</u>	(1)(2)	Commo Stock	9513.00	\$0.00	0.00	D	
Restricted Stock Units	<u>(3)</u>	5/24/2023		A		10044.00		C	<u>2)(3)</u>	(2)(3)	Commo Stock	n 10044.00	\$0.00	10044.00	D	

Explanation of Responses:

- (1) The restricted stock units ("RSUs") vested on May 24, 2023, the date of the Issuer's annual meeting of stockholders, pursuant to the Issuer's Non-Employee Director Compensation Policy.
- (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.
- (3) The RSUs shall vest on the earlier of (i) the one-year anniversary of the grant date or (ii) the next annual meeting of stockholders of the Issuer, subject to the Reporting Person's continued service as a director pursuant to the Issuer's Non-Employee Director Compensation Policy.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Ivanie / Address	Director	10% Owner	Officer	Other			
HUGHES JAMES ALTON 8501 NORTH SCOTTSDALE ROAD, GAINEY CENTER II, SUITE 100 SCOTTSDALE, AZ 85253	X						

Signatures

**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.