FORM 4	
--------	--

□ 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)						
Gossar Adar	I			TF	PIC	COMPO	OSITE	S, IN	NC [TPIC]	Director		100	0	
(Last)	(First) (Mic	idle)	3. I	3. Date of Earliest Transaction (MM/DD/YYYY)					Director X Officer (given the second	ve title belov		6 Owner her (specify	below)		
8501 NORTH SCOTTSDALE					3/21/2023							Chief Accounting Officer			,	
ROAD, SUI'	IE IUU (Stre	et)		4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)						
SCOTTSDA	LE, AZ 8	85253										X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
			Table I - N									eficially Owne				
1. Title of Security 2. Trans. I (Instr. 3) 2.					Date 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)		de 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)) Fo	Amount of Securiti illowing Reported T astr. 3 and 4)				7. Nature of Indirect Beneficial Ownership
							Code	v	Amou	(A) or nt (D)	Price				(I) (Instr.	(Instr. 4)
	Tab	le II - Deri	ivative Sec	urities]	Bene	eficially	Owned (e.g.,]	puts,	calls, wa	irrants, o	ptions, conver	tible secu	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execut	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative		e Securities and (A) or of (D)		i. Date Exercisable nd Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5) H	derivative Securities Beneficially Owned	Form of	Beneficial
	Security			Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	<u>(1)</u>	3/21/2023		А		5631.00		<u>(1</u>	<u>)(2)</u>	<u>(1)(2)</u>	Common Stock	5631.00	\$0.00	5631.00	D	

Explanation of Responses:

- (1) Each restricted stock unit ("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.
- (2) The RSUs will vest in three tranches: 25% vests on the first anniversary of the grant date, 25% vests on the second anniversary of the grant date and 50% vests on the third anniversary of the grant date; provided, that the Reporting Person continues to provide services to the Issuer through the vesting period.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gossar Adan 8501 NORTH SCOTTSDALE ROAD SUITE 100 SCOTTSDALE, AZ 85253			Chief Accounting Officer				

Signatures

/s/	Steven (G.	Fishbach,	Attorney	-in-Fa	ct	3/23/2023
-----	----------	----	-----------	----------	--------	----	-----------

**Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

^{*} If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

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.