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

☐ 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.

OMB APPROVAL

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

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

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)				
Miller Ryan	D.			Tl	PI (COMP	OSITE	S, IN	NC [TPIC]		,			
(Last	t) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)						Director 10% Owner X Officer (give title below) Other (specify below)					
9200 E PIMA CENTER PKWY, SUITE 250					2/27/2024							Chief Financi	ial Office	r		
	(Str	eet)		4.	If Ar	nendmer	nt, Date C	rigina	al Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
SCOTTSDALE, AZ 85258												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	City) (St	ate) (Zip	p)									I omi med oy	Wiore than C	ne reporting r	Cison	
			Table I - I	Non-Dei	rivat	ive Secu	ırities Ac	quire	d, Di	isposed o	f, or Ben	eficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. 1			rans. Date	Exec		3. Trans. Code (Instr. 8)		or Disposed of (D) Fo			nstr. 3 and 4) For Dir			Ownership Form: Direct (D)		
							Code	V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
	Tal	ole II - Der	ivative Se	curities	Ben	eficially	Owned (e.g., p	puts,	calls, wa	ırrants, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		7. Title and Securities I Derivative (Instr. 3 and	Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Stock Options (Right to buy)	\$3.73 (1)	2/27/2024	2/27/2024	A		30,0	000	<u>(1</u>	<u>1)</u>	2/27/2034	Common Stock	30,000	\$3.73	30,000	D	

Explanation of Responses:

(1) 33% of these securities vest on the first anniversary of the effective date of the grant and 8.275% vest on each quarterly anniversary thereafter, such that 100% of these securities vest on the third anniversary of this grant; provided, that the Reporting Person continues to be employed by the Issuer through each applicable vesting date.

Reporting Owners

F									
Reporting Overnor Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Miller Ryan D.									
9200 E PIMA CENTER PKWY			CL:-£ E::-1 O£6						
SUITE 250			Chief Financial Officer						
SCOTTSDALE, AZ 85258									

Signatures

/s/ Steven G. Fishbach, Attorney-in-Fact 2/29/2024

**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.