FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours ner response.								

Derivative Conversion Date Security or Exercise (Month/Day/Year)		Execut if any			ction nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Tal	ble II -				ties Acqu varrants,							Owned	t				
Class A Common Stock, Par Value \$1 02/10			02/16/2	2022			F		140	D	\$22	2.13 24,213.92		213.92		D			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day							Code	v	Amount	(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)		
			Execution Dat		ution Date,	Date, Transaction Code (Inst						Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	1		
		Table	I - No	n-Deriva	tive S	ecui	rities Acq	uired,	Dis	posed of	, or Be	nefic	ially	Own	ed				1
(City)	(Sta	ate) (Z	Zip)										Perso		re tha	an One Rep	orting		
TROY	Ml	I 4	8084										X		,		oorting Pers		
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Last) (First) (Middle) 999 WEST BIG BEAVER ROAD			3. Date of Earliest Transaction (Month/Day/Year) 02/16/2022								Corporate Secretary								
					2 Dat	to of E	arliast Trans	action (Aonth	(Day(Voar)		_	X	Office below	er (give title		Other (specify	
	nd Address of a James	Reporting Person*					ame and Tick SERVIC		_	,				all app	licable)	ng Pe	erson(s) to Is		
mstruc	tion 1(b).			Filed			Section 16(a) 30(h) of the Ir					1934			<u> </u>				1

Date

Exercisable

Expiration

Date

Explanation of Responses:

/s/ Cynthia D. Mull, attorney-02/18/2022 in-fact for Mr. Polehna

** Signature of Reporting Person

Number

Shares

Title

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).

Code

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.

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