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 |
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| OMB APPROVAL | | | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | nd Address of N DAVII | Reporting Person* | | <u>U</u> | NIO | N PA | .CIF | cker or Tradi | <u>P</u> [1 | UNP] | | | neck all appli | icable) or | Person(s) to Is | | |
|--|---|-------------------------|------------------------------------|-----------------|---|--|-----------|--|-------------|---|----------------------------------|---|---|---|--|------------|--|
| (Last) | (Fi | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024 | | | | | | | Officer below | r (give title) | Other (below) | specify | | |
| 1400 DOUGLAS STREET | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | X Form | filed by One F | Reporting Person | on | |
| OMAHA | N N | E | 58179 | | | | | | | | | | Form Perso | | than One Repo | orting | |
| (City) | (Si | tate) (| Zip) | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | Check satisfy | this bo | ox to inc | licate that a to defense cor | ransac | ction was is of Rule | made pursu 10b5-1(c). S | ant to a cor See Instruct | ntract, instruct ion 10. | ion or written p | lan that is intend | ed to | |
| | | Tabl | e I - Non-D | Derivativ | e Sec | uritie | es Ac | quired, [| Disp | osed (| of, or Be | neficia | lly Owne | d | | | |
| Date | | | Transaction ate lonth/Day/Ye | Execution Date, | | , Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 an | | Benefici | es For ially (D) Following (I) (| Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transac (Instr. 3 | tion(s) | | (111501.4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Year) if any | Execution Dat | Code | action (Instr. | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | |
| Phantom Stock ⁽¹⁾ | \$0.0 | 01/02/2024 | | A | | 239 | | (2) | | (2) | Common Stock | 239 | \$0.0 | 11,320 | D | | |

Explanation of Responses:

- 1. Distribution ratio for Phantom Stock Units is 1:1.
- 2. Phantom Stock Units are payable in cash only commencing at retirement.

By: Trevor L. Kingston, Attorney-in-Fact For: David B. 01/03/2024 **Dillon**

** 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 Number.