FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| _ | | _ | _ | _ | _ | _ | _ | - | | - | | _ | - | | | _ | - |
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| Washington, | D.C. | 2054 |
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| | OMB APP | ROVAL |
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| | OMB Number: | 3235-0362 |
| | Estimated average | burden |
| - 1 | l . | 4.0 |

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

| Form 3 | B Holdings Rep | OWNERSHIP | | | | | | | | | | hours per response: | | | | 1.0 | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|----------|----------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|-------------------------------------------|-------------------------------------------------------------------|
| Form 4 | 1 Transactions I | Reported. | Filed | d pursuant to S or Section 3 | | | | | | | | f 1934 | | | | | | |
| 1. Name a | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | | | | | |
| (Last) (First) (Middle) 2ND FLOOR, LE PRINCE DE GALLES 3-5 AVENUE DES CITRONNIERS | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022 | | | | | | | | ear) | Officer (give title Other (specify below) below) | | | | | |
| | THE DES | | | 4. If Amend | ment, | Date o | of Orig | ginal File | d (Month | /Day/Y | (ear) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) MONACO O9 | | | AC 98000 | 1 | | | | | | | filed by | led by One Reporting Person led by More than One Report | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriva | ative Secui | rities | s Acc | uire | ed, Dis | posed | of, o | or B | enefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5) | | | Disposed | 5. Amount of Securities Beneficially Owned at en | | | rship : Direct | Indire Benef | lature of irect neficial nership | |
| | | | | (Month) Day/ Te | a., | , | | Amount | | (A) or (D) | or Price | | Issuer's | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | |
| Common | Stock | | 09/12/2022 | | | G | | 170, | 000 | D | | \$0.00 | 8,88 | 7,264 | | D | | |
| Common | Stock | | 09/12/2022 | G | | | 340, | 000 | D | \$0.00 | | 8,54 | 7,264 | | D | | | |
| Common | Stock | | 09/20/2022 | | | G | | 33, | 333 | D | \$0.00 | | 8,51 | 8,513,931 | | D | | |
| Common | Stock | | 09/23/2022 | G | | | 833,333 | | D | | \$0.00 | 7,68 | 7,680,598 | | D | | | |
| | | Tal | ble II - Derivat (e.g., pı | ive Securit uts, calls, v | | | | | | • | | | • | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Disp of (D | erivative ecurities cquired (A) or isposed (D) nstr. 3, 4 | | Date Exercisable and xpiration Date Month/Day/Year) | | Ai Se Ui De Se | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Num derivat Securi Benefi Owned Follow Report Transa (Instr. 4 | tive ties Cowner Form: Direct or Indi (I) (Instead laction(s) | | nip c E) C ct (i | 11. Nature of Indirect Beneficial Ownership Instr. 4) |
| | | | | | | | | | | | Amount or | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Frances Anne Elizabeth Richard, Director

of Shares

Expiration Date

Exercisable

01/11/2023

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).