Instruction 1(b)

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,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours ner resnonse	. 0.5										

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). S	ee Instruction	10.																		
	nd Address o	of Reporting Person* Vhorton							ker or T		Symbol PST]			(Che	elationship	licable)	ting Pe	, ,		
														li i	/ Direc		_		Owner	
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025							Officer (give title below)			le Other (s below)								
C/O UPS	START HO	DLDINGS, INC.																		
2950 S. I	DELAWAI	RE STREET, SU	ITE 41	0	4. If /	Amend	ment, I	Date o	of Origin	al File	d (Month/Da	y/Year)		6. In		Joint/Gro	oup Filir	ng (Check	Applicable	
(Street)															_	filed by C	ne Rei	oorting Pe	rson	
SAN MA	ATEO C	A 9	94403											123		filed by M		·		
(City)	(S	tate) (2	Zip)																	
		Table	I - No	n-Deriva	tive	Secui	rities	Acc	uired	, Dis	posed of	, or B	enef	icia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I								6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code V		Amount	(A) oi (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(11150.4)	
Common Stock 01/10/				01/10/2	025				A		695(1)	A	\$	6 <mark>0</mark>	18,656			Ι	See Footnote ⁽²	
Common	Stock														8,27	78(3)		D		
		Та	ble II								osed of, convertib				/ Owned	d				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		tion Date,		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Benefici Ownersh (Instr. 4)				
												Ιl	Amou	nt						

Explanation of Responses:

- 1. These securities are fully vested restricted stock units (RSUs). Each RSU represents a right to receive one share of Common Stock in settlement as soon as practicable after grant. These RSUs were granted, pursuant to a prior election by the Reporting Person, in lieu of an individual annual cash retainer payment for Board service to the Issuer that the Reporting Person would have otherwise received pursuant to the Issuer's Outside Director Compensation Policy.
- 2. These shares are held by the Edward and Kerry Cooper Living Trust, for which the Reporting Person and her spouse serve as co-trustees.
- 3. These securities are RSUs. Each RSU represents a contingent right to receive one share of Common Stock, subject to the applicable vesting schedule and conditions of each RSU.

Remarks:

/s/ Gabrielle Brown, by power of attorney

Number

Shares

Expiration

01/14/2025

** 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.