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FORM 4

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

OMB APPROVAL

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

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

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

1. Name and Address of Reporting Person [*] McConnell Michael J		uer Name and Ticke <u>Span Inc.</u> [OS		ding S	ymbol		. Relationship of Reporting Person(s) to Issue Check all applicable) X Director 10% Own					
(Last) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024						Officer (give title below)	Other below	(specify)		
1 MARINA PARK DRIVE UNIT 1410	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BOSTON MA 02210								Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)	Rul	Rule 10b5-1(c) Transaction Indication										
(0.13) (0.140)		heck this box to indica atisfy the affirmative de					o a contract, instruction or written plan that is intended to struction 10.					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												

	(eigi, pare, care, marane, epitere, contention and countries)														
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. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	\$0.00 ⁽¹⁾	01/09/2024	01/09/2024	Α		12,914		(2)	(2)	Common Stock	12,914	\$0.00 ⁽¹⁾	12,914	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of OSPN common stock.

2. The securities acquired are deferred restricted stock units which will vest on January 9, 2025, subject to the terms and conditions of the award agreement. Once they have vested, the shares underlying these deferred restricted stock units will be delivered to the reporting person on the earlier to occur of the reporting person's cessation of service on the issuer's Board of Directors or a change of control of the issuer.

Remarks:

/s/ Lara Mataac, Attorney in Fact

01/11/2024

** 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 Number.