| SEC Form 4 |
|------------|
|------------|

Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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* | | | | uer Name and Tick | 0 | Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------------------|---------------|-----------------|--------------------------------|-----------------|--------------------------|---|--|------------------|----------------|--|--|
| HARMAN JERI J | | | | INC [NNBR | X | Director | 10% (| Owner | | | | |
| (Last) 6210 ARDREY | (First) KELL ROA | (Middle) | | te of Earliest Trans 1/2023 | action (Month | /Day/Year) |] | Officer (give title below) | Other below | (specify /) | | |
| | | | 4. lf / | Amendment, Date o | f Original File | d (Month/Day/Year) | | idual or Joint/Grou | ıp Filing (Check | Applicable | | |
| (Street) CHARLOTTE | NC | 28277 | | | | | Line) | Form filed by Or Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | | | | | | Person | | | | |
| | | Table I - Nor | n-Derivative \$ | Securities Acq | uired, Dis | posed of, or Bene | ficially | Owned | | | | |
| 1. Title of Security | (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (| A) or | 5. Amount of | 6. Ownership | 7. Nature | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. | | Disposed Of 5) | (D) (Instr | . 3, 4 and | Securities Beneficially Owned Following Reported | (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) | |
|--------------|--------------------------|---|-------------------------|---|-------------------|---------------|-------------------|---|-----------------|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150. 4) | |
| Common Stock | 04/01/2023 | | A ⁽¹⁾ | | 140,186 | Α | \$ <mark>0</mark> | 271,536 | D | | |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expiration Dat Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date | | 5. Date Exercisable and Expiration Date Amount of Month/Day/Year) 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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|--|--|--------------------|-------|---|--|--|--|
| | | | | Code | v | | | | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Shares are restricted stock and vest on April 1, 2024.

Remarks:

/s/ Richard F. Mattern by

Power of Attorney

04/04/2023

** 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.