FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	
rvasilii iyluii,	D.C.	20040	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
	O.	CHANCES	11.4	DEILE IOIAL	CVVIVEINOIIII

OMB APPROVAL								
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).

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 ne Sean D	Reporting Person*					Name an		ker or Tradi	ing S	ymbol		(Ch	elationship o eck all applic X Director	able)	g Pers	on(s) to Issu	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023						X Officer below)	(give title		Other (s below)	pecify		
C/O CAI	BOT CORP	ORATION											President and CEO					
TWO SEAPORT LANE, SUITE 1400				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)					_									X Form fil	ed by One	Repo	rting Persor	1
BOSTON	N M	ΙA	02210											Form fil Person		e than	One Repor	ting
(City)	(State) (Zip) Rule 10b5-1(c) Transaction Indication																	
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									o satisfy								
		Та	ble I - Nor	n-Der	ivativ	/e Se	curities	s Ac	quired,	Dis	posed c	of, or B	eneficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transc Date (Month/L				action 2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispo			rrities Acquired (A) c ed Of (D) (Instr. 3, 4		5. Amoun Securities Beneficia Owned Fo	s Form Illy (D) or ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V Amount (A) or (D)			Price	Transaction(s) (Instr. 3 and 4)				msu. 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)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any C			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		Ownership of Form: E	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	5.1(5)		
Phantom Stock Units	(1)	12/08/2023			Α		196.602		(2)		(2)	Common Stock	196.602	\$77.78	38,425.8	3567	D	

Explanation of Responses:

- 1. 1 for 1
- 2. Represents dividends paid on phantom stock units acquired under the Corporation's Supplemental 401(k) Plan and are to be settled upon the reporting person's retirement or other termination of employment.

By: Jennifer Lombardi,

pursuant to a power of attorney 12/12/2023

from Sean D. Keohane

** 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.