| SEC Form 4 |
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Instruction 1(b).

FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

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

Check this box if no longer subject 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* <u>Rosso Richard</u> | | | | uer Name and Ticke <u>centrix Corp</u> | 0 | Symbol | (Check | tionship of Reporti all applicable) Director Officer (give title | 10% 0 | Issuer Owner (specify |
|--|--------------------|----------------|----------------|--|-------------------|---|------------------------|---|------------------------------|-----------------------------|
| (Last) 44111 NOBEI | (First) L DRIVE | (Middle) | | e of Earliest Transa 5/2022 | action (Month/I | Day/Year) | X | below) EVP, Global Sa | below | |
| (Street) FREMONT (City) | CA (State) | 94538 (Zip) | 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son |
| | | Table I - Nor | n-Derivative S | ecurities Acqu | uired, Disp | oosed of, or Benef | ficially | Owned | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | | 2A. Deemed Execution Date. | 3. Transaction | 4. Securities Acquired (Disposed Of (D) (Instr. 3 | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |

| | (Month/Day/Year) | if any (Month/Day/Year) | Code (8) | | 5) | (2) (| | | | Beneficial Ownership (Instr. 4) |
|--------------|------------------|----------------------------|------------------|---|--------|---------------|-------------------|------------------------------------|---|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 01/26/2022 | | A ⁽¹⁾ | | 1,929 | Α | \$ <mark>0</mark> | 24,535 | 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date Amount of | | | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares of restricted stock awarded under the 2020 Stock Incentive Plan. The restricted stock vests as to 25% of the shares on each of the first four anniversaries of the grant date.



01/28/2022

** 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.