FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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l	nd Address of	Reporting Person*			2.1 <u>P</u> 7	Issuer TC 7	Name an	nd Tick	ker or Trad	ing S	symbol [C. [PT	СТ]			k all applic Directo	cable) or	g Pers	son(s) to Iss	vner	
(Last)	•	irst) EUTICS, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								X	below)	er (give title w) IEF MEDICA		Other (s below) OFFICEI		
(Street) SOUTH PLAINFIELD NJ 07066			- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person									n							
(City)	(S	state)	(Zip)		R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a							ant to a co	ontract, instruction or written plan that is intended to						
						satis	sfy the affirn	native	defense co	nditio	ns of Rule 1	0b5-1(c). S	ee Instruc	tion 1	0.					
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefici	ally	Owned					
Date				2. Trans Date (Month/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquir I Of (D) (Ins		4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		е	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 02/1					5/202	5/2024		A		20,000 ⁽¹⁾ A		. \$	0	57,914			D			
Common Stock 02/15				5/202	5/2024		A		2,600 ⁽²⁾ A		. \$	0	60,514			D				
			Table II -						,		osed of, onvertil			•	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	Code (6. Date Exercisa Expiration Date (Month/Day/Yea		1	7. Title ar of Securi Underlyir Derivative (Instr. 3 a	ties ng e Securit nd 4)	y D S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Do (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		expiration Date	Title	Amour or Number of Shares	r						
Stock Option (Right to	\$25.69	02/15/2024			A		50,000		(3)	0	2/14/2034	Common Stock	50,00	0	\$0	50,000)	D		

Explanation of Responses:

- 1. Restricted stock units granted on February 15, 2024 that vest in four equal installments over four years, commencing on February 15, 2025.
- 2. Restricted stock units granted on February 15, 2024 that vest in two equal installments over two years, commencing on February 15, 2025.
- 3. This option was granted on February 15, 2024, and vests over four years, with 25% of the shares underlying the option vesting on February 15, 2025, and an additional 6.25% of the original number of shares underlying the option vesting at the end of each successive three-month period thereafter, beginning on May 15, 2025.

/s/ Avraham S. Adler, Attorney-02/16/2024 in-Fact

** 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.