SHARE-BASED COMPENSATION STATEMENT

Participant Name: _____ **Statement Date:** _____

Employee ID: _____ **Period Ending:** _____

1. GRANT DETAILS

GRANT ID	GRANT DATE	AWARD TYPE	NUMBER OF SHARES / OPTIONS	EXERCISE / STRIKE PRICE	FAIR VALUE PER UNIT

2. VESTING SCHEDULE

VESTING DATE	VESTING PERCENT (%)	SHARES / OPTIONS VESTING	TYPE OF VESTING CONDITION	STATUS

3. ACTIVITY SUMMARY

CATEGORY	TOTAL GRANTED	VESTED TO DATE	EXERCISED / RELEASED	FORFEITED / EXPIRED	OUTSTANDING
Quantity					

Terms and Conditions: All share-based awards detailed in this statement are subject to the terms of the corresponding Share Plan, Option Agreement, or Grant Notice. This statement does not guarantee the vesting or issuance of any securities, which remains contingent upon meeting all prescribed performance, market, or service criteria.

_____

Authorized Representative Signature

Date:

_____

Participant Signature

Date: