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			Washir			-		001011		OMB APPROVAL								
Check Sectio obligat Instruc	STAT		t to Section 16(a tion 30(h) of the		HIP	Estim	OMB Number: 3235-02 Estimated average burden hours per response: (											
1. Name and Address of Reporting Person <sup>*</sup> Myers Linda Kristine						r Name <b>and</b> Ticl CALTAR IN				] (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023									Officer (give title Other (specify below) below)				specify
3556 LAKE SHORE ROAD P.O. BOX 2028					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable ) K Form filed by One Reporting Person				
(Street) BUFFALO NY 14219-0228				28										Form fi Person		re thar	One Repo	rting
(City) (State) (Zip)			Che	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.														
		Tab	ole I - Nor	n-Deriv	ative Se	ecurities Ac	quir	red,	Disp	osed o	of, o	r Bene	eficiall	y Owned	I			
Date					action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea	, Ti C	3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)				Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		Direct	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock														14,	,800		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. 2)	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)			ransaction Code (Instr.	nsaction of Ex		. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amou of Securities Underlying		6	8. Price of Derivative Security	Derivative Security Securities		10. Ownership Form:	11. Nature of Indirect Beneficial

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Unit (MSPP Post-2012) (1)	(1)	10/13/2023		A		409.41		(2)	(2)	Common Stock	409.41	\$58.01	2,810.87	D		

## Explanation of Responses:

1. Represents restricted stock units allocated to the Reporting Person after 2012 with respect to the Reporting Person's deferral of a portion of his/her annual director retainer fee.

2. Restricted stock units are payable solely in cash in one lump sum payment or in five (5) or ten (10) consecutive, substantially equal annual installments, whichever distribution form is elected by the Reporting Person, beginning six (6) months following termination of service as a director of the Company. Each restricted stock unit is converted to cash in an amount equal to the fair market value (200 day rolling average) of one share of the Company's common stock on the date of termination of the Reporting Person's service as a director of the Company.

/ Jeffrey	<u>/ J. Watorek,</u>	

Attorney-in-Fact for Linda K.

/s

<u>Myers</u>

\*\* Signature of Reporting Person Date

10/16/2023

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.