

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <ul style="list-style-type: none"> <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>M</u>
B	This return/report is: <ul style="list-style-type: none"> <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <ul style="list-style-type: none"> <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a	Name of plan <u>JENNISON-UNIT 13 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>
1b	Three-digit plan number (PN) ▶ <u>213</u>
1c	Effective date of plan <u>10/01/2017</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HALLIBURTON COMPANY</u> <u>3000 N SAM HOUSTON PKWY EAST</u> <u>HOUSTON, TX 77032</u>
2b	Employer Identification Number (EIN) <u>80-6176426</u>
2c	Plan Sponsor's telephone number <u>713-839-2021</u>
2d	Business code (see instructions) <u>211120</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2023</u>	<u>ROBERT CLOUD</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>JENNISON-UNIT 13 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>213</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	D Employer Identification Number (EIN) <u>80-6176426</u>	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JENNISON ASSOCIATES, LLC

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	252391	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>JENNISON-UNIT 13 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>213</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	D Employer Identification Number (EIN) <u>80-6176426</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECT. GOV'T STIF</u>	b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>	
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	INCOME RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-118
a	Plan name	2045 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-134
a	Plan name	2015 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-121
a	Plan name	2020 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-122
a	Plan name	2025 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-123
a	Plan name	2030 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-124
a	Plan name	2035 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-125
a	Plan name	2040 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-126
a	Plan name	LONG TARGET DATE RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-127
a	Plan name	SMALL CAP EQUITY STRATEGY HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-111
a	Plan name	DEFINED BENEFIT PLAN ACCOUNT HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor	HALLIBURTON COMPANY	c EIN-PN 80-6176426-112
a	Plan name		
b	Name of plan sponsor		c EIN-PN

<p>SCHEDULE H (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</p> <p>► File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2022</p> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>JENNISON-UNIT 13 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u></p>	<p>B Three-digit plan number (PN) ►</p>	<p><u>213</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u></p>	<p>D Employer Identification Number (EIN) <u>80-6176426</u></p>	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	<u>159022</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	<u>33578535</u>
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	<u>1056998</u>
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	<u>2411070</u>

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	37205625	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	519979	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	519979	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36685646	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	361145	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		361145
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10826016	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14035740	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-5967254	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-5967254

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11643
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		71722
d Total income. Add all income amounts in column (b) and enter total	2d		-8732468
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1712	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	252391	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		254103
j Total expenses. Add all expense amounts in column (b) and enter total	2j		254103
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-8986571
l Transfers of assets:			
(1) To this plan	2l(1)		1704360
(2) From this plan.....	2l(2)		29403435

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a			

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 36,685,645.73

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 36,685,645.73

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	82	5,131,616.92		0.00	5,131,616.92	5,131,616.92
	Total dispositions	80		4,460,399.67	0.00	4,460,399.67	4,460,399.67

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 36,685,645.73

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 36,685,645.73

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SB2RB4W9	#REORG/COLFAX REVERSE SPLIT ENOVIS 0002112A83 04-05-2022	Acquisitions	342.00	-13,238.17	
		Dispositions	-412.00		16,727.16
		Free Delivery	-8,835.00		
SBHZSB82	#REORG/COVETRUS CASH MERGER COVETRUS 10-13-2022	Acquisitions	3,449.00	-57,753.06	
		Dispositions	-10,687.00		224,427.00
SB65VZ37	ACADIA HEALTHCARE CO INC COM	Acquisitions	406.00	-26,406.13	
		Dispositions	-4,556.00		348,561.70
SBMB3JJ3	ACCOLADE INC COM	Acquisitions	277.00	-4,262.70	
		Dispositions	-7,493.00		65,726.91
SB65BNQ6	ADECOAGRO S A COM	Acquisitions	11,762.00	-106,182.31	
		Dispositions	-6,213.00		81,946.67
SBMFPJN9	ADR OLINK HLDG AB SPONSORED ADS	Acquisitions	1,503.00	-31,182.61	
		Dispositions	-3,058.00		45,956.16
SBHHMRR3	AGILITI INC COM	Acquisitions	2,679.00	-58,353.68	
		Dispositions	-2,679.00		40,485.09
SB19FQ48	AMICUS THERAPEUTICS INC COM	Acquisitions	748.00	-7,180.05	
		Dispositions	-20,227.00		141,024.12
SB1FT462	ARMSTRONG WORLD INDS INC NEW COM STK	Acquisitions	1,715.00	-159,539.90	
		Dispositions	-1,266.00		96,479.70
SBFY8W20	ASGN INCORPORATED COMN STK USD0.01	Acquisitions	245.00	-24,375.25	
		Dispositions	-1,174.00		101,870.63
SBMHY55	AVIENT CORPORATION	Acquisitions	723.00	-34,398.14	
		Dispositions	-6,750.00		284,913.13
S2677606	AXIS CAPITAL HOLDINGS LTD COM USD0.0125	Acquisitions	2,298.00	-130,289.15	
		Dispositions	-1,372.00		75,489.38
S2145460	AZENTA INC COM USD0.01				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	160.00	-12,127.84	
		Dispositions	-632.00		54,954.57
SBLKFX02	BALLY'S CORPORATION COM				
		Acquisitions	287.00	-7,937.01	
		Dispositions	-5,096.00		112,431.74
SB3NNTZ4	BANKUNITED INC				
		Acquisitions	3,871.00	-154,764.33	
		Dispositions	-3,275.00		147,443.53
SBWY52P3	BLUEPRINT MEDICINES CORP COM				
		Acquisitions	614.00	-64,205.43	
		Dispositions	-614.00		55,652.68
SBRS6600	BOOT BARN HLDGS INC COM				
		Acquisitions	1,475.00	-97,555.85	
		Dispositions	-498.00		27,618.14
SBJBLBN4	BRIGHTSPHERE INVT GROUP INC COM				
		Acquisitions	560.00	-12,910.07	
		Dispositions	-7,872.00		155,899.51
S2967675	BROOKLINE BANCORP INC DEL COM BROOKLINE BANCORP INC +				
		Acquisitions	1,297.00	-19,948.78	
		Dispositions	-8,340.00		105,656.62
S2149309	BRUNSWICK CORP COM				
		Acquisitions	365.00	-30,264.71	
		Dispositions	-1,470.00		117,227.14
SBF1GM49	CARDLYTICS INC COM				
		Acquisitions	1,530.00	-56,823.53	
		Dispositions	-5,908.00		83,468.71
SB06FLD8	CITI TRENDS INC COM ORD USD1				
		Acquisitions	227.00	-7,183.61	
		Dispositions	-1,104.00		32,945.47
SBNXKS92	CORE & MAIN INC COM CL A COM CL A				
		Acquisitions	3,546.00	-90,305.41	
		Dispositions	-2,961.00		66,495.59
SBNLYJ93	CS DISCO INC COM				
		Acquisitions	843.00	-20,228.34	
		Dispositions	-843.00		11,743.43
S2528834	DESCARTES SYS GROUP INC COM				
		Acquisitions	344.00	-25,222.80	
		Dispositions	-1,113.00		76,465.62

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SBDDQ975	E L F BEAUTY INC COM	Acquisitions	5,270.00	-141,386.23	
		Dispositions	-7,707.00		297,897.60
SBMXL9H3	EASTERN BANKSHARES INC COM	Acquisitions	3,934.00	-76,499.42	
		Dispositions	-4,405.00		88,637.63
SBH3T5K7	ENERPAC TOOL GROUP CORP CL A COM CL A COM	Acquisitions	1,954.00	-40,677.54	
		Dispositions	-6,810.00		129,909.08
SBJLTMX5	ENOVIS CORPORATION COM USD0.001	Dispositions	-2,945.00		196,165.73
		Free Receipt	2,945.00	196,851.86	
S2768889	ENTERPRISE FINL SVCS CORP COM STK	Acquisitions	2,599.00	-123,244.40	
		Dispositions	-142.00		6,902.55
SBJLTMN5	ESAB CORPORATION COM USD0.001 WI	Dispositions	-2,945.00		140,206.31
		Free Receipt	2,945.00	146,510.17	
SBG5NSM3	EVO PMTS INC CL A COM CL A COM	Acquisitions	940.00	-22,005.60	
		Dispositions	-10,488.00		352,144.16
S2106661	FARO TECHNOLOGIES INC COM	Acquisitions	89.00	-4,750.06	
		Dispositions	-2,414.00		110,858.69
SBF7J7H0	FOCUS FINL PARTNERS INC CL A CL A	Acquisitions	375.00	-15,816.53	
		Dispositions	-5,998.00		241,902.10
SBD9G2S1	GATES INDL CORP PL COM USD0.01	Acquisitions	970.00	-14,036.62	
		Dispositions	-18,711.00		208,328.90
SBZ2YT30	GOOSEHEAD INS INC COM CL A COM CL A	Acquisitions	123.00	-7,767.54	
		Dispositions	-1,906.00		74,859.48
SB1LDZK9	GREAT LAKES DREDGE & DOCK CORP NEW COM	Acquisitions	882.00	-11,562.66	
		Dispositions	-7,904.00		78,574.74
SBLCHF11	GRID DYNAMICS HOLDINGS INC COM USD0.0001CL A	Acquisitions	8,289.00	-132,435.17	

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-151.00		2,266.96
S2412700	HARSCO CORP COM	Acquisitions	697.00	-9,661.88	
		Dispositions	-18,852.00		124,995.16
SB018V76	HURON CONSULTING GROUP INC COM STK	Acquisitions	623.00	-32,928.00	
		Dispositions	-735.00		43,514.80
SBLDRF10	INARI MED INC COM	Acquisitions	349.00	-26,944.62	
		Dispositions	-1,038.00		72,427.36
SBCRYTK1	INDEPENDENCE RLTY TR INC COM	Acquisitions	1,409.00	-33,961.81	
		Dispositions	-3,239.00		71,388.51
SBDT5KT5	INSPIRE MED SYS INC COM	Acquisitions	247.00	-51,420.63	
		Dispositions	-290.00		71,556.51
SBYM4WL2	JELD-WEN HLDG INC COM	Acquisitions	618.00	-14,301.92	
		Dispositions	-15,811.00		282,165.33
SBJMLSD2	KARUNA THERAPEUTICS INC COM	Acquisitions	581.00	-75,361.78	
		Dispositions	-581.00		58,867.73
S2488121	KENNAMETAL INC CAP	Acquisitions	187.00	-5,679.26	
		Dispositions	-7,801.00		233,125.86
SBMVWBY9	KNOWBE4 INC CL A CL A	Acquisitions	7,171.00	-125,767.40	
		Dispositions	-9,626.00		238,211.38
S2531832	LITTELFUSE INC COM	Acquisitions	105.00	-26,292.12	
		Dispositions	-458.00		101,882.37
SB5B15Y5	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK	Acquisitions	374.00	-20,905.41	
		Dispositions	-4,149.00		231,864.52
SB3RDWC8	MAXLINEAR INC COMMON STOCK	Acquisitions	1,333.00	-54,560.93	
		Dispositions	-3,557.00		150,544.21
SBJLD0Y4	MAYVILLE ENGR CO INC COM				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	682.00	-6,300.11	
		Dispositions	-11,390.00		81,176.61
SBDBRDR8	METROPOLITAN BK HLDG CORP COM				
		Acquisitions	66.00	-6,237.92	
		Dispositions	-2,353.00		189,427.95
SBWWCK85	NATIONAL STORAGE AFFILIATES TR COM SHS BEN INT COM SHS BEN INT				
		Acquisitions	1,780.00	-92,933.15	
		Dispositions	-1,360.00		76,978.23
SBYP71H7	NATIONAL VISION HLDGS INC COM				
		Acquisitions	503.00	-19,156.21	
		Dispositions	-5,386.00		151,191.61
SBFZP4R9	NLIGHT INC COM USD0.0001				
		Acquisitions	402.00	-6,278.84	
		Dispositions	-10,884.00		139,808.85
SBMVLGP2	NURIX THERAPEUTICS INC COM				
		Acquisitions	144.00	-2,031.90	
		Dispositions	-3,909.00		55,770.71
S2619772	PACWEST BANCORP DEL COM				
		Acquisitions	448.00	-17,589.90	
		Dispositions	-8,134.00		224,060.30
SB89M5F2	PDC ENERGY INC COM				
		Acquisitions	748.00	-51,808.69	
		Dispositions	-4,938.00		368,996.04
SBYVYD43	PERFORMANCE FOOD GROUP CO COM				
		Acquisitions	901.00	-42,825.91	
		Dispositions	-3,428.00		207,429.28
SBKF9DQ8	PHREESIA INC COM				
		Acquisitions	2,140.00	-51,971.45	
		Dispositions	-2,727.00		41,446.70
S2675097	PINNACLE FINL PARTNERS INC COM				
		Acquisitions	1,049.00	-87,838.19	
		Dispositions	-745.00		62,612.87
SBMMVY68	PVTPL FIRST FNDTN INC COM				
		Acquisitions	751.00	-17,554.17	
		Dispositions	-5,858.00		109,829.72
SBJFSR99	REVANCE THERAPEUTICS INC COM				
		Acquisitions	5,744.00	-124,996.56	
		Dispositions	-4,322.00		107,126.49

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
S2966876	RUSH ENTERPRISES INC CL A CL A	Acquisitions	388.00	-19,872.86	
		Dispositions	-5,085.00		247,883.70
S2982399	SAIA INC COM STK	Acquisitions	108.00	-26,337.05	
		Dispositions	-760.00		155,190.27
SBGHVXJ7	SILK RD MED INC COM	Acquisitions	246.00	-8,377.46	
		Dispositions	-846.00		33,394.72
SBP0TMK5	SOPHIA GENETICS SA COM CHF0.05	Acquisitions	670.00	-5,293.81	
		Dispositions	-1,491.00		10,367.19
SBW9JPS4	SUMMIT MATLS INC CL A CL A	Acquisitions	4,969.55	-121,549.49	
		Dispositions	0.00		0.00
SBMQ89L5	SWEETGREEN INC CL A CL A	Acquisitions	2,829.00	-46,430.88	
		Dispositions	-2,969.00		56,507.38
S2898173	TOWER SEMICONDUCTOR LTD	Acquisitions	768.00	-36,048.84	
		Dispositions	-1,975.00		96,190.79
S2904627	TRINITY IND INC COM	Acquisitions	8,519.00	-230,994.85	
		Dispositions	-1,459.00		44,112.09
SBL989M6	UTZ BRANDS INC COM USD0.0001 CL A	Acquisitions	10,528.00	-161,394.64	
		Dispositions	-2,731.00		39,086.53
SBJZ2ZR5	VARONIS SYS INC COM	Acquisitions	3,275.00	-98,663.44	
		Dispositions	-4,630.00		117,977.79
SBMHL0Z4	WILLSCOT MOBILE MINI HLDGS CORP COM USD0.01	Acquisitions	531.00	-18,981.27	
		Dispositions	-6,688.00		294,130.11
SBYYXHN4	WINGSTOP INC COM	Acquisitions	155.00	-17,275.30	
		Dispositions	-629.00		87,371.19
S2425258	WINTRUST FINL CORP COM	Acquisitions	975.00	-90,615.23	

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
S2940375	WSFS FINANCIAL CORP COM	Dispositions	-2,538.00		228,286.65
		Acquisitions	3,232.00	-156,807.48	
SBMV1ZD3	ZURN ELKAY WATER SOLUTIONS CORPORATION	Dispositions	-2,000.00		87,700.76
		Acquisitions	2,433.00	-81,923.01	
		Dispositions	-3,068.00		108,053.87