SEC For	m 4 FORM	4 1	UNITE	) STA	TES	S SE	-		ES AND		СНА	NGE C	сомм	ISSION				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB	Number	B APPRO er: verage burde sponse:	3235-0287
1. Name and Address of Reporting Person* Anderson Scott William									cker or Tradir NCIAL (			(Ch	neck all appli Directo	cable)	, 10% O		wner	
(Last) 1661 W0	```	irst) CON ROAD, SU	(Middle) SUITE 100			Date of /31/20		t Tran	nsaction (Mon	nth/Day	y/Year)		below)			below)		
(Street) WEST P BEACH (City)	FI		33409 (Zip)		4.1	f Amen	idment,	Date	of Original Filed (Month/Day/Year)			Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	, , , , , , , , , , , , , , , , , , ,	,		n-Deriv	ative	e Sec	uritie	s Ac	cquired, D	)ispo	sed c	of, or Be	neficia	lly Owned	d			
1. Title of Security (Instr. 3) Date (Month/E					Execution D			ar) 8)	tion E str. 5	str. 5)		str. 3, 4 an	Benefici	es Form ally (D) o Following (I) (Ir d		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		т							uired, Dis s, options	spos		, or Ben	eficially	(Instr. 3		<u> </u>		
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
				Code	Code	v	(A)	(D)	Date Exercisable		iration Ə	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	03/31/2022			A		9,191		(2)		(3)	Common Stock	9,191	\$0	9,191	1	D	
Restricted	(1)	02/21/2022					0 101		(4)		(3)	Common	9 1 9 1	02	0 101	1	D	

## **Explanation of Responses:**

1. Each restricted stock unit represents a contingent right to receive one share of OCN common stock on the vesting date.

2. On March 31, 2022, the reporting person was granted 9,191 restricted stock units scheduled to vest in three approximately equal annual installments on the first, second, and third anniversaries of grant, subject to the reporting person's continued employment and certain other conditions.

3. Not applicable.

Units

4. On March 31, 2022, the reporting person was granted 9,191 restricted stock units subject to both a performance-based condition and a time-based vesting schedule. The target number of units subject to the award is reported above. Between 0% and 200% of the target number of units will be eligible to vest on March 31, 2025 based on the relative ranking of the Issuer's absolute total shareholder return compared to the absolute total shareholder return of companies within the Issuer's pre-established peer group at designated measurement periods.

/s/ Leah E. Hutton, Attorneyin-Fact for Scott W. Anderson 04

<u>9-</u> <u>04/04/2022</u>

\*\* 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.