Instruction 1(b).

Common Units no par value

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

OMB Number:	3235-0287
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
Flied pursuant to Section To(a) of the Securities Exchange Act of 1954
or Section 20(h) of the Investment Company Act of 1040

			or Se	ection 30(h) of the In	vestme	nt Cor	npany Act of	1940						
1. Name and Address of Reporting Person [*] Rosen Lon				uer Name and Tick EEL PARTNE P]					ationship of Reporti k all applicable) Director	10% (Dwner			
(Last) C/O STEEL PA	(First)		te of Earliest Transa 2/2022	action (N	Month/	′Day/Year)		Officer (give title below)	below	(specify)				
590 MADISON AVENUE, 32ND FLOOR			4. If <i>F</i>	Amendment, Date of	f Origina	al Fileo	d (Month/Day	Line)	ividual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10022									X	Form filed by On Form filed by Mo Person				
(City)	(State)	(Zip)		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.										
	•	Table I - Nor	n-Derivative S	Securities Acq	uired,	Dis	posed of,	or Ber	neficially	y Owned				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned 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) F		Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Units	no par value		04/12/2022		G		530 ⁽¹⁾	D	\$ <mark>0</mark>	1,787	D			
Common Units	no par value		04/12/2022		G		530 ⁽¹⁾	Α	\$0	19.577	Т	By Family		

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532(1)

532⁽¹⁾

599⁽²⁾

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01/20/2023

01/20/2023

05/19/2023

05/19/2023

07/24/2023

07/24/2023

10/27/2023

10/27/2023

01/01/2024

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Tal Date (Month/Day/Year)	βê PeeDerivati Execution Date, if any (e.g., ρι (Month/Đay/Year)	I tS o,d€₹	curit ction MS, V	ies ^N A of VBCII Secur Acqui	nats, ities	ifeCat Disco Expiration Da QNDLICANDSy/C	șsed aof, d anvertib	Amou Amou Case Under Deriva	QUUSITIES ^{rlying}	Berivative Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day		ate Execution Date, lonth/Day/Year) if any		4. Transaction Code (Instr. 8)		nber sed tive ities red	(Month/Day/Year)		Security (Instr. Amount of Securities Underlying Derivative		8. Price of Derivative Security (Instr. 5)	E-Newing of Benyative Section(s) Beneficially Owned	(Instr. 4) Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A) or Dispo of (D) (Instr.	sed	Date Exercisable	Expiration Date	Secur 3 and Title	ity (Instr. 4)mount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Explanatio	n of Respons	es:									Amount				

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/s/ Maria Reda as attorney-in-01/03/2024

fact for Lon Rosen

** 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.