FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| _ | Check this box ii no longer subject to | | | | | | | |
|--------|--|--|--|--|--|--|--|--|
| 1 1 | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | |
| \cup | obligations may continue. See | | | | | | | |
| | Instruction 1(b). | | | | | | | |

| Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 |
|---|
| or Section 30(h) of the Investment Company Act of 1940 |

| 1. Name and Address of Reporting Person* <u>CLARK IAN T</u> | | | | | | | | | ker or Tradin <u>euticals,</u> | | | (Ch | eck all applic | onship of Reporting all applicable) Director | | 10% Ow | ner | |
|---|---|--|--|--------|---|---|-----------|--------------------------------------|---|-------------------------------|----------------|--|---|---|--|---|--|---------------------------------------|
| (Last) | , | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/19/2020 | | | | | | | | Officer below) | (give title | | Other (s _i below) | pecify |
| 863 MITTEN ROAD, SUITE 102 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | IGAME C | A | 94010 | | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Tak | le I - Noi | n-Deri | vativ | e Se | curities | s Ac | quired, D | ispo | sed o | f, or Be | neficial | y Owned | | | | |
| Date | | | nsaction | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (In: | Transaction Disposed Code (Instr. 5) | | ties Acquire I Of (D) (Ins | | Beneficia Owned F | s ally following | 6. Own Form: (D) or I (I) (Inst | Direct C Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | / / | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | " | | | |
| | | | | | | | | | uired, Dis , options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | le and | e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | oiration te | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$2 | 03/19/2020 | | | A | | 15,000 | | (1) | 03/1 | 19/2030 | Common Stock | 15,000 | \$0.00 | 15,000 |) | D | |

Explanation of Responses:

1. 100% of the shares subject to the option vest and become exercisable on the one-year anniversary of the grant date, subject to continued service as a director through such date.

/s/ Leiv Lea, as Attorney-in-Fact for Ian T. Clark

03/20/2020

** 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.