Instruction 1(b).

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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 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | . 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] MOREA DONNA S | | | | er Name and Ticke | | Symbol national Corp | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--------------------------|----------------|--|---|-----------------------------------|--|--|--|---|--|--|--|
| | | | | | | <u>national Corp</u> [| X | Director | | Owner | | |
| (Last) 12010 SUNS | (First) SET HILLS ROA | (Middle) | | e of Earliest Transa 3/2022 | action (Month/ | Day/Year) | - | Officer (give title below) | Other below | (specify) | | |
| (Street) | | | 4. If Ai | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| RESTON | VA | 20190 | | | | | X | Form filed by On | e Reporting Per | son | | |
| (City) | (State) | (Zip) | | | | | | Form filed by Mo Person | re than One Re | porting | | |
| | | Table I - Non- | -Derivative S | ecurities Acq | uired, Disp | oosed of, or Benef | icially | Owned | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 5) | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |

| | | (Month/Day/Year) 8) | | | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) | | | |
|---|------------|---------------------|------|---|--------|---------------|-----------------------------|------------------------------------|-------------------------|-----------|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | | |
| Common Stock | 06/08/2022 | | A | | 1,742 | A | \$ <mark>0</mark> | 28,019.2607 | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |

| L | (e.g., puis, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|---|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-------|--|--|--|--|--|
| | I. 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. Transa Code (8) | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Amount of | | Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr. | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

Steven G. Mahon, Attorney-06/09/2022 in-fact

** 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.