SEC Form 4	
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Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) Code V		4. Securities Acquired (Disposed Of (D) (Instr. 5) Amount (A) or (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
4 774 6 0		Table I - Noi		ecurities Acq	, T	Dis	· ·			1	la oursette	7 Notice			
				heck this box to indic atisfy the affirmative o							itten plan that is int	ended to			
(City)	(State)	(Zip)	Rul	Rule 10b5-1(c) Transaction Indication											
(Street) TROY	MI	48084-4	716		5	iled by One Reporting Person iled by More than One Reporting									
(Last) (First) (Middle) 999 WEST BIG BEAVER ROAD				I/2024 mendment, Date of	f Origina	al Fileo	d (Month/Day	6. Indi Line)	Senior V	Vice President					
1. Name and Address of Reporting Person [*] Soares Nicola M				uer Name and Tick <u>LLY SERVIC</u> re of Earliest Transa	ES IN	<u>vc</u> [KELYA]		ationship of Repor k all applicable) Director Officer (give title below)	10% (Owner (specify				
	may continue. See			nt to Section 16(a) ction 30(h) of the In					934	11	rs per response:	0.5			
Check this	box if no longer subject 16. Form 4 or Form 5				OMB Number: 3235-028 Estimated average burden										
				Washing		OMB APPROVAL									

Ownea (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form:	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

/s/ Cynthia D. Mull, attorney-03/25/2024

in-fact for Ms. Soares

** 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.