FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ 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.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | Issue | r Name | and Tick | er or | Trading | g Symb | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|------------|-------------|--|---|--|----------------------------|------------|------------|--------------------------------------|--------------------|--|---|---|--|----------------------------|--|
| HIAVERT I KAWSON SK | | | | | | ERTY HVT | FURN | ITU | RE C | OMPA | | measie) | _X_ 10 | % Owner | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Officer (giv | Officer (give title below) Other (specify below) | | | |
| 780 JOHNSON FERRY RD., SUITE 800 | | | | | | | | | 2023 | | | | | | | |
| | (Stree | et) | | 4. | If An | nendme | nt, Date C | Origi | nal File | d (MM/D | D/YYYY | 6. Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) |
| ATLANTA, GA 30342- | | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (C | ity) (Stat | te) (Zip | p) | | | | | | | | | Form filed by | More than C | one Reporting I | rerson | |
| | | | Table I - | Non-De | rivati | ive Seci | urities Ac | quir | ed, Dis | posed o | f, or Be | eneficially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | Γrans. Date | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | ode | or Dispo | ities Acqu sed of (D) 4 and 5) | | (Instr. 3 and 4) For Dir | | Ownership Form: Direct (D) | n: Beneficial ect (D) Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| | | | 1/15/2023 | | | S | | 3,519 | D | \$31.571 | | | 0 | D | | |
| Class A Common Stock | | | | | | | | | | | | | 84,074 | D | Bv H5- | |
| Class A Common Stock | | | | | | | | | | | | | | 65,140 | I | JŘH, LLC |
| Class A Common Stock | | | | | | | | | | | | | | 8,728 | I | Co-ttee Of Tr Fbo Daughter |
| | Tab | le II - Der | ivative So | ecurities | Bene | eficially | Owned (| (e.g., | puts, c | alls, wa | rrants. | options, conver | tible secu | ırities) | | |
| Security Conversion Date Executi | | | 3A. Deeme Execution Date, if any | (Instr. 8 | Acquire Dispose | | - | | Date Exerc Expiration | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | (D) | Dat Exe | | Expiration Date | | mount or Number of hares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

Reporting Owners

| F | | | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|--|
| Donostino Overson Nome / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| HAVERTY RAWSON JR | | | | | | | |
| 780 JOHNSON FERRY RD. | X | X | | | | | |
| SUITE 800 | Λ | A | | | | | |
| ATLANTA, GA 30342- | | | | | | | |

Signatures

Jenny H. Parker, Attorney-in-Fact

11/16/2023

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 control number.