Instruction 1(b)

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
|---------------------|-----------|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Addr Huber Marie | ress of Reporting P | erson* | | suer Name and Tick | • | Symbol ELECTRIC CO | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------------------|-------------|---|---|----------------|---------------------------|--|--|------------------------|-----------|--|--|
| (Last) (First) (Middle) 121 SW SALMON STREET | | 3. D | R/ [POR] ate of Earliest Transa 19/2024 | action (Month | Day/Year) | | Director Officer (give title below) | | Owner (specify) | | | |
| (Street) PORTLAND | OR | 97204 | 4. lf | Amendment, Date of | Original Filed | i (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son | | |
| (City) | (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication Image: 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. | | | | | | | | |
| | Т | able I - No | n-Derivative | Securities Acq | uired, Dis | posed of, or Bene | ficially | Owned | | | | |
| 1. Title of Securit | v (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A | A) or | 5. Amount of | 6. Ownership | 7. Nature | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | | Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|---|------|---|-------------------------------------|---------------|---------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 07/19/2024 | | Α | | 3,128 | A | \$46.35 | 15,342 | D | |

 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 Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | 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:

Kristina Benson Power of

Attorney on behalf of Marie Oh Huber

** Signature of Reporting Person Date

07/22/2024

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.