SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Bammi Rahul			2. Date of E Requiring S (Month/Day 03/08/202	Statement /Year)						
(Last) C/O VIEW, 195 S. MILJ (Street) MILPITAS (City)	PITAS BLVD	(Middle) 95035 (Zip)	,		Issuer (Check X	ionship of Reporting all applicable) Director Officer (give title below) HIEF BUSINESS	10% C Other below)	wner (specify	6. Individual or (Check Applica X Form file Person Form file	Joint/Group Filing
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sect				nt of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
,,,			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Seu Underlying Derivative Sec (Instr. 4)			4. Conversi or Exerci Price of	se Form:	Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Derivativ Number of Shares		Direct (D) e or Indirec (I) (Instr. !	t ´

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ William Krause, Attorney-in-fact

03/10/2021

** 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 5 (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.