☐ 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.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 *						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
 Poe Marni N	Iorgan				Pr	imo	Wate	er Corp	/CI	N/ [PF	RMW]			,			
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)					
1150 ASSEMBLY DRIVE, SUITE 800						2/13/2024								Chief Legal Officer/Secretary				
	(Stre	et)			4. I	fAn	nendme	nt, Date C	rigi	nal Filed	(MM/DI	D/YYY	Y)	6. Individual c	or Joint/G	roup Filing	(Check Appl	icable Line)
TAMPA, FL	33607													X _ Form filed by		ting Person One Reporting P	'erson	
(C	city) (Sta	te) (Zij	p)											_ reminied by	THOIR MAIN C	one responding r		
			Table l	I - Noi	ı-Der	ivati	ive Seci	urities Ac	quir	ed, Disp	osed of	f, or l	Ben	eficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans.				2A. Deeme Execution Date, if any		(Instr. 8)		4. Securit or Dispos (Instr. 3,	Follow			Amount of Securities Beneficially Owned llowing Reported Transaction(s) str. 3 and 4)			7. Nature of Indirect Beneficial Ownership			
								Code	V	Amount	(A) or (D)	Pric	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Shares 2/13/20				024			A		29,496 (1) A	\$14.5	56			364,029	D		
Common Shares 2/13/202				024			F		7,183 (2) D	\$14.5	56			356,846	D		
	Tab	le II - Der	rivative	Secur	rities]	Bene	eficially	Owned (e.g.,	puts, ca	alls, wa	rrant	s, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	ecurity Conversion Date Execu		3A. Deer Execution Date, if a	ion (Instr.		Code	Derivati Acquire Dispose (Instr. 3,	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date Date Expiration Exercisable Date			ities ative 3 ar	Underlying e Security nd 4) count or Number of		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- (1) Represents performance-based share units granted to the Reporting Person on December 09, 2020, which vested on February 13, 2024 as a result of the achievement of the performance criteria.
- (2) Represents the number of common shares withheld to satisfy tax obligations due upon the vesting of performance-based share units granted to the Reporting Person on December 09, 2020.

Reporting Owners

Donostino Overson Nomes / Address		Relationships							
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other					
Poe Marni Morgan									
1150 ASSEMBLY DRIVE			Chief Lagal Officen/Secretary						
SUITE 800			Chief Legal Officer/Secretary						
TAMPA, FL 33607									

Signatures

/s/ Marni Morgan Poe

2/15/2024

**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 control number.