FORM 4 UNITED STAT				Washington, D.C. 20549									OM	3 APPRO	VAL	
Check	this box if no lo tion 16. Form 4	onger subject	STATEME	NT O	F C	HANG	SES	IN BE	NE	FICIA		WNE	RSHIP	OMB Num Estimated	ber: 3 average burde	3235-0287 en
📕 obligat	tions may contir ction 1(b).	nue. See	File	d pursu	ant to S	Section 1 30(h) of t	6(a) of	the Secu	rities E	Exchange	e Act of	1934		hours per	0	0.5
1. Name a	nd Address of	Reporting Person	*	2. Is	suer Na	ame and	Ticker	or Tradin	g Sym	bol	1340			o of Reporting Po	erson(s) to Is	suer
<u>Pershir</u> L.P.	<u>ng Square</u>	Capital Man	<u>agement</u> ,	<u>Ho</u>	ward	Hugh	<u>es C</u>	<u>orp</u> [H	HC]				Check all app X Direc	,	X 10% Ov	vner
<u>L.r.</u>				- 3. Da	ate of E	arliest Ti	ansact	ion (Mon	th/Day	/Year)		\neg	Office	er (give title /)	Other (s below)	specify
(Last) (First) (Middle) 787 ELEVENTH AVENUE				09/0	09/03/2021											
9TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)												ľ	Form	filed by One Re filed by More th		
NEW YO	ORK NY	<u> </u>	10019	_									X Perso		an one rrept	Jiting
(City)	(Sta	ate) (Zip)													
			e I - Non-Deriv				cqui					_	-	1		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year) 2A. Deeme Execution if any (Month/Day		ion Dat	e, Trai Cod	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 aı	id Sec Ber Ow Foll	owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Cod	e V	Amou	nt	(A) or (D)	Price	Tra	orted nsaction(s) tr. 3 and 4)			
Common stock, par value \$0.01 per share		09/03/2021	021		P ⁽⁴)	150,	156	A ⁽⁴⁾	\$92	4) 1	3,620,164	I	See footnotes ⁽¹⁾⁽²⁾ (3)(4)(5)		
		Та	ble II - Derivat (e.g., p	tive So uts, ca	ecuri alls, v	ties Ac warran	quire ts, oj	ed, Dis otions,	pose conv	d of, d vertib	or Bei le sec	neficia urities	ully Owner S)	d		
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Transa	action	5. Numl of	ber 6.	Date Exe	rcisabl Date		7. Title Amour	and It of	8. Price of Derivative	9. Number of derivative	10. Ownership	11. Natur of Indired
Security (Instr. 3)		(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		(Month/Day/Year) Securities Underlying Derivative Security (In: 3 and 4)		ying ive y (Instr.	(Instr. 5) str.	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershiµ (Instr. 4)		
				⊢		and 5)	┢		Г			Amount	-			
				Code	v	(A) (I		ate cercisable		iration e		or Number of Shares				
		Reporting Person Capital Man	* lagement, L.F	<u>)</u>												
		(First)	(Middle)		-											
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787 ELE 9TH FL((Street)	OOR	NY (State)	10019 (Zip)		_											
787 ELE 9TH FL((Street) NEW Y((City) 1. Name at	OOR ORK	(State) Reporting Person	(Zip)		_											

NEW YORK 10019 $\mathbf{N}\mathbf{Y}$ (City) (State) (Zip)

(Middle)

1. Name and Address of Reporting $\ensuremath{\mathsf{Person}}^*$

ACKMAN WILLIAM A

(Last) (First)

787 ELEVENTH AVENUE 9TH FLOOR

(Street) NEW YORK	NY	10019	
(City)	(State)	(Zip)	

Explanation of Responses:

1. In addition to Pershing Square Capital Management, L.P., a Delaware limited partnership ("Pershing Square"), this Form 4 is being filed jointly by PS Management GP, LLC, a Delaware limited liability company ("PS Management"), and William A. Ackman, a citizen of the United States of America (collectively, the "Reporting Persons"), each of whom has the same business address as Pershing Square and may be deemed to have a pecuniary interest in securities reported on this Form 4 (the "Subject Securities").

2. Pershing Square advises the accounts of Pershing Square, L.P., a Delaware limited partnership ("PS"), Pershing Square International, Ltd., a Cayman Islands exempted company ("PS International"), and Pershing Square Holdings, Ltd., a limited liability company incorporated in Guernsey ("PSH" and together with PS and PS International, the "Pershing Square Funds").

3. Pershing Square, as the investment adviser to the Pershing Square Funds, may be deemed to be the beneficial owner of the Subject Securities for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934. As the general partner of Pershing Square, PS Management may be deemed to be the beneficial owner of the Subject Securities for purposes of Rule 16a-1(a). By virtue of Mr. Ackman's position as Chief Executive Officer of Pershing Square and managing member of PS Management, Mr. Ackman may be deemed to be the beneficial owner of the Subject Securities for purposes of Rule 16a-1(a). Each of the Reporting Persons disclaims any beneficial ownership of any of the Subject Securities, except to the extent of any pecuniary interest therein.

4. This Form 4 is being filed as a result of purchases related to portfolio management. Common Stock was purchased in open market transactions for the accounts of PS and PS International. PSH did not purchase any Common Stock.

5. Mr. Ackman, a member of the board of directors of the Issuer of the Subject Securities, was elected to that board as a representative of Pershing Square, PS Management, the Pershing Square Funds and Pershing Square GP, LLC. As a result, each of those entities are directors by deputization for purposes of Section 16 of the Securities Exchange Act of 1934.

Remarks:

Pershing Square Capital Management, L.P., By: PS Management GP, LLC, its General Partner, By: /s/ William A. Ackman, Managing Member	<u>09/08/2021</u>
PS Management GP, LLC, By /s/ William A. Ackman, Managing Member	09/08/2021
/s/ William A. Ackman ** Signature of Reporting Person	<u>09/08/2021</u> 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.