

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

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

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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

| Name and Address of Reporting Person * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|--|-------------------|--|--|--|--|-------------|--|--|--------------------|---------|---|---|--|--|--|
| DAVIS W DEI | REK | | | Di | IXII | E GRO | OUP INC | C [] | DXY | N J | | (Check all app | olicable) | | | |
| | | | | 3 1 | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director | Director 10% Owner | | | |
| | | | | 5 | | | | | | | | _X_ Officer (gi | _X_ Officer (give title below) Other (specify below) | | | |
| PO BOX 2007 | | | | | 6/1/2022 | | | | | | | VP HR/ Corp | VP HR/ Corporate Secretary | | | |
| | (Stree | t) | | 4.] | If An | nendmei | nt, Date O | rigin | al File | d (MM/DI | D/YYY | Y) 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) |
| DALTON, GA 30722 (City) (State) (Zip) | | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | Table I - | Non-Der | ivati | ive Secu | ırities Acq | μuire | ed, Dis | sposed of | f, or 1 | Beneficially Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | Trans. Date | te 2A. Deemed Execution Date, if any | | 3. Trans. Code (Instr. 8) | | 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership | | |
| | | | | | | | Code | V | Amou | (A) or (D) | Prio | ce | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock, \$3 par | r value | | | 6/1/2022 | | | A | | 8880 | <u>1)</u> A | \$0 | 1 | 160571 | | D | |
| | Tabl | e II - Der | rivative S | ecurities | Bene | eficially | Owned (a | e.g., | puts, | calls, wa | rrant | ts, options, conver | tible secu | ırities) | | |
| (Instr. 3) or Pr | Conversion r Exercise rice of Derivative ecurity | 3. Trans. Date | 3A. Deeme Execution Date, if any | (Instr. 8) | | ode 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date | | | e and Amount of ities Underlying ative Security 3 and 4) | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following | 10. Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Represents an award of restricted stock consisting of 8,880 Primary Long Term Incentive Plan Shares.

Reporting Owners

| Panarting Owner Name / Address | Relationships | | | | | | | | | |
|--------------------------------|---------------|-----------|----------------------------|-------|--|--|--|--|--|--|
| Reporting Owner Name / Addres | Director | 10% Owner | Officer | Other | | | | | | |
| DAVIS W DEREK | | | | | | | | | | |
| PO BOX 2007 | | | VP HR/ Corporate Secretary | | | | | | | |
| DALTON, GA 30722 | | | | | | | | | | |

Signatures

/s/ John F. Henry, Jr., by power of attorney for W. Derek Davis

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.