FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

| OMB Number:              | 3235-0104 |
|--------------------------|-----------|
| Estimated average burden |           |
| hours per response:      | 0.5       |

## INITIAL STATEMENT OF 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     Hechenberger Paul Andrew |            | 2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2025 |  | r Name <b>and</b> Ticker or Trading S<br>ale Corp [ ASLE ] | Symbol                                      |  |  |
|---|------------|--|--|--|---|--|--|
| (Last) (First) (Middle)<br>9850 NW 41ST ST, SUITE 400             |            |  | Relationship of Reporting Person(s) (Check all applicable)     Director     X Officer (give title below) |  | to Issuer  10% Owner  Other (specify below) | 5. If Amendment, Date of Original Filed (Month/Day/Year) |  |
| (Street) DORAL (City)   | FL (State) | 33178<br>(Zip)   |  |  | See Remarks                                 |  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |

## Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities<br>Beneficially Owned (Instr. 4) | 3. Ownership<br>Form: Direct (D) or<br>Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|--|--|---|
|---------------------------------|--|--|---|

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Se |                     | 2. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |       | 3. Title and Amount of Securities Un<br>Derivative Security (Instr. 4) | Conversion or Exercise                               | Form: Direct<br>(D) or | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---------------------------|---------------------|---|-------|--|--|------------------------|---|
|                           | Date<br>Exercisable | Expiration<br>Date  | Title | Amount<br>or<br>Number<br>of Shares                                    | Price of Derivative Security Indirect (I) (Instr. 5) |                        |   |

**Explanation of Responses:** 

Remarks:

SVP, General Counsel & Corporate Secretary

No securities are beneficially owned.

/s/ Paul A. Hechenberger 08/14/2025

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.