FORM 4

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

(Print or type Responses)

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| 1. Name and Address of Reporting Person\* | | | 1. Issuer Name **and** Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director  **­­**10% Owner  Officer (give  Other (specify  Title below) below) | | | |
| (Last) (First) (Middle) | | | 1. Date of Earliest   Transaction Required  to be Reported  (Month/Day/Year) | | | | 1. If Amendment,   Date Original  Filed (Month/Day/Year) | | |
| (street) | | | 6. Individual or Joint/Group Filing (check applicable line)  Form Filed by One Reporting Person    Form filed by More than One Reporting Person | | | |
| (City) (state) (Zip) | | | **Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned** | | | | | | | | | | |
| 1. Title of Security   (Instr. 3) | 1. Trans-action   Date  (Month/  Day/  Year) | 2A. Deemed  Execution  Date, if  any  (Month/ Day/Year) | | 1. Trans-   action  Code  (Instr. 8) | | 1. Securities Acquired (A)   or Disposed of (D)  (Intr. 3, 4 and 5) | | | | | 1. Amount of   Securities  Benificially  Owned  Following  Reported  Transaction (s)  (Instr. 3 and 4) | 1. Owner-ship   Form:  Direct  (D) or  Indirect  (I)  (Instr. 4) | 1. Nature of   Indirect  Beneficial  Owner-  ship  (Instr. 4) |
| Code | V | Amount | | (A) or  (D) | Price | |
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**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

**Washington, D.C. 20549**

OMB Number: 3235-0287

Expires: October 31 2021

Estimated average burden

hours per response 0.5

OMB APPROVAL

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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).

# Potential persons who are to 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.

(Over)

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# FORM 4 (continued) Table II — Derivative Securities Acquired, Disposed of, or Beneficially Owned

**( *e.g.****,* **puts, calls, warrants, options, convertible securities)**

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| 1. Title of Derivative  Security  (Instr. 3) | 2. Conver-  sion or  Exercise  Price of  Deri-  vative  Security | 3. Trans-  action  Date | 3A.Deemed  Execution  Date, if any  (Month/  Day/  Year) | 4. Trans- action Code (Instr. 8) | | 5. Number of Deriv-  ative Securities Ac-  quired (A) or Dis-  posed of (D)  (Instr. 3, 4, and 5) | | 6. Date Exer-  cisable and Expiration Date  (Month/Day/  Year) | | 1. Title and Amount of Underlying Securities   (Instr. 3 and 4) | | 1. Price of Deriv- ative Secur-ity   (Instr.  5) | 9. Number  of deriv-  ative  Secur-  ities  Bene-  ficially  Owned  follow-  ing  Re-  ported  Transac-  ion  (s)(Instr.  4) | 10. Owner-  ship  Form of  Deriv-  ative  Security:  Direct  (D) or  Indirect  (I)  (Instr. 4) | 11. Nature  of  Indirect  Benefi-  cial  Owner-  ship  (Instr. 4) |
|  |
| (Month/ |
| Day/ |
| Year) |
|  |
|  | Date  Exer-  cisable | Expira-  tion  Date | Title | Amount or  Number of  Shares |
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Explanation of Responses:

\*\* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays currently valid OMB Number.

\*\*Signature of Reporting Person Date

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