## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF	CHA	NGE:

OMB APPROVAL S IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
ive title Other (specify below)				
nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  2. Deemed  3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature				
5. Amount of Securities Form: Direct Beneficially Owned Following Reported 6. Ownership Form: Direct On Indirect Beneficial Ownership Form: Direct Ownership For				
n(s) 1 4)				
17 D				
William M. Linn, Simple IRA				
William Michael 0 I Linn, Roth IRA				
0 I W. M. Linn Trust				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)				
lumber of ivative Comership Form: Direct (D) or Indirect (I) (Instr. 4) (Instr. 4)				
Uumb ivativ efici ned oovire oorte				

**Explanation of Responses:** 

/s/ Matthew B. Benz, Attorney- 05/10/2019 in-Fact

\*\* 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 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.