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FOSTER SA	RA E											
Form 4	2010											
February 14,	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	APPROVAL 3235-0287			
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pur ns inue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> FOSTER SARA E			Symbol	Name and ERCE BA BSH]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 1000 WALN	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2018					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President						
				ndment, Da hth/Day/Year)	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Transaction Date 2A. Deemed Aonth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi n(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	02/12/2018			Code V F	Amount 506	(D) D	Price \$ 57.19	47,031	D			
Common Stock	02/14/2018			S	1,168	D	\$ 58	45,863	D			
Common Stock								8,317	Ι	401(k)		

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

		Execution Date, if any		Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		(Month/Day/Year)		unt of rlying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
wners										
ne / Address	Director	10% Owner		-		Other				
7TH FLOOR 64106			Exec	cutive Vic	ce President	t				
en For: Sara E.		02/14/	2018							
	(Month/Day/Year) NNEIS ne / Address /TH FLOOR 64106	(Month/Day/Year) Execution any (Month/D (Month/D Address Director 7TH FLOOR 64106	(Month/Day/Year) Execution Date, if any (Month/Day/Year) NNETS ne / Address Director 10% Owner 7TH FLOOR 64106	Month/Day/Year) Execution Date, if Transactic any Code (Month/Day/Year) (Instr. 8) Code V NNERS ne / Address Relati Director 10% Owner Office TH FLOOR Exect	Month/Day/Year) Execution Date, if TransactionNumber any Code of (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Code V (A) (D) MMERS ne / Address Relationships Director 10% Owner Officer TH FLOOR Executive Vice 64106	Month/Day/Year) Execution Date, if TransactionNumber Expiration D any (Month/Day/Year) Code of (Month/Day, (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable Code V (A) (D) NNELS me / Address Relationships Director 10% Owner Officer TTH FLOOR Executive Vice Presiden 64106	Month/Day/Year) Execution Date, if any (Month/Day/Year) TransactionNumber Code of (Month/Day/Year) Expiration Date (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Expiration Date Code V (A) (D) Month/Day/Year) Date Expiration Date (Month/Day/Year) Date Expiration (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Exercisable Date Code V (A) (D) Monthress Relationships Director 10% Owner Officer Other TTH FLOOR Executive Vice President 64106 Exercisare E	(Month/Day/Year) Execution Date, if any TransactionNumber Code of (Month/Day/Year) Expiration Date (Month/Day/Year) Amou Unde Code of (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Securities Date Expiration Title Nmerss Relationships Date Expiration Title Month/Column (Month/Day/Year) Instr. 8) Date Expiration (Instr. 3, 4, and 5) Nmerss Relationships Title Monthrow (Monthrow (Mont	Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 3) Derivative Securities (Instr. 3) and 4) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) NMERS ne / Address Relationships Director 10% Owner Officer Other TH FLOOR Executive Vice President 64106	Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction/Number Code of of Code of (Month/Day/Year) Expiration Date (Month/Day/Year) Amount of Underlying Security Security (Instr. 5) Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 3) (Instr. 5) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Monunt of Code V (A) (D) Monunt of Disposed of (D) (Instr. 3, 4, and 5) Amount of Monuber of Shares NMORETS Code V (A) (D) Date Expiration Date Date Title Of Shares Month/Day/Year) Relationships Date Expiration Pate Director 10% Owner Officer Other View President TH FLOOR Executive Vice President Executive Vice President

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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. 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 number.