Wallace Sarah Form 5 January 07, 2013

Stock

Stock

Common

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OMB APPROVAL

FURI	U D									
	UNITED		S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					OMB Number:	3235-0362	
Check th	r subject	W a						Expires:	January 31, 2005	
to Sectio Form 4 c 5 obligat may cont See Instr	or Form ANN ions tinue.							Estimated average burden hours per response 1.		
1(b).	Filed pur Holdings Section 17(ions	suant to Section 1 a) of the Public U 30(h) of the In	Itility Holdin	ng Compa	ny Ac	t of 1		n		
1. Name and Wallace Sa	Address of Reporting arah	Symbol	Name and Tio				Relationship of ssuer (Chec	f Reporting Pe		
(Last)	(First) (I	Middle) 3. Staten (Month/I	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				_X Director 10% Owner Officer (give title Other (specify below)			
50 NORTH	H THIRD STREET									
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
NEWARK	, OH 43055					_	X_ Form Filed by Form Filed by erson			
(City)	(State)	(Zip) Tab	ole I - Non-Dei	rivative Secu	ırities	Acquii	red, Disposed o	f, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	12/31/2012	Â	J	52.9699	A	\$ (1)	392.3236	I	DRIP	
Common	Â	Â	Â	Â	Â	Â	2,349	I	Sarah R. Wallace	
Ctools			- -				_,,	_	Contan	

Grantor Trust

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D

Reminder: Resecurities ben	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.						SEC 2270 (9-02)		
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		/. Title		8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D		Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					i, and 5)					
									Amount	
						Data	Evaluation		or	
						Date	Expiration	Title 1	Number	
						Exercisable	Date		of	
					(A) (D)				Shares	
					. , . ,					

Of D So B O

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Wallace Sarah
50 NORTH THIRD STREET Â X Â Â

NEWARK, OHÂ 43055

Signatures

Sarah R. Wallace by David L. Trautman, POA 01/07

01/07/2013

**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).
- (1) DRIP update

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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