## Edgar Filing: Arvan Peter D - Form 4

Arvan Peter D

Form 4 March 02, 20	)18											
	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	STATES S						IGE (	COMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont See Instru	suant to Sec a) of the Pu	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: Estimated a burden hou response n	rs per			
1(b). (Print or Type I	Responses)											
1. Name and Address of Reporting Person *2. IsArvan Peter DSymb			ymbol	ssuer Name <b>and</b> Ticker or Trading ool DL CORP [POOL]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of				of Earliest Transaction Day/Year) 2018					(Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EXECUTIVE VICE PRESIDENT			
				nendment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COVINGTO	DN, LA 70433								Form filed by M Person			
(City)	(State)	Zip)	Table	I - Non	-De	rivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transac Code (Instr. 8 Code	3)	4. Securiti n(A) or Dis (D) (Instr. 3, 4) Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock <sup>(1)</sup>	02/28/2018			A	·	11,000	(D) A	\$ 0	25,335	D		

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

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.

 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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
Arvan Peter D 109 NORTHPARK BLVD. COVINGTON, LA 70433			EXECUTIVE VICE PRESIDENT						
Signatures									
By: Jennifer For: Neil	03/02/2018								
<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).

Represents shares of performance-based restricted stock that may be earned, depending on the Company?s attainment of an average three-year return on invested capital performance goal for the three-year period ending December 31, 2018, 2019 or 2020. If the

(1) performance goal is not met as of the end of the performance period ending December 31, 2020, the period will be extended by one year up until December 31, 2024, then all shares will be immediately forfeited and canceled. If the performance goal is met, the shares shall vest on the later of 5th anniversary of the date of grant or March 1st of the year following the end of the performance period during which the performance goal was met.

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.