Edgar Filing: Burkert Craig T - Form 4

| Burkert Cra Form 4 December (| | | | | | | | | | |
|---|--|---------------------|------------|------------------------------------|---|------------------------------|--|--|--|--|
| December 06, 2018 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | Number: 3235-02 Number: January Expires: 20 Estimated average 20 burden hours per 20 response 20 | | | |
| (Print or Type 1. Name and Burkert Cra | Address of Reportin | g Person <u>*</u> | Symbol | er Name an or Resour | | | | 5. Relationship o Issuer | | |
| (Last) 5400 LBJ I | (First) FREEWAY, SUI | (Middle) TE 1500 | | of Earliest T Day/Year) 2018 | Fransaction | | | _X_ Director Officer (giv below) | | DIC) 0% Owner 0ther (specify |
| DALLAS, | (Street) TX 75240 | | | endment, D onth/Day/Yea | - | al | | 6. Individual or Applicable Line) _X_ Form filed by Form filed by Person | | Person |
| (City) | (State) | (Zip) | Tab | ole I - Non- | Derivative | e Secu | rities Aco | quired, Disposed | of, or Benefic | ially Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if | Code (Instr. 8) | 4. Securi or(A) or D (Instr. 3, Amount | ispose 4 and (A) or | 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Stock | 12/04/2018 | | | Р | 1,000 | А | » 24.36 | 53,665 | D | |
| Common Stock | | | | | | | | 34,742 | I | Represents shares held of record by the reporting person's Individual Retirement Account |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|--|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|--|
| I | Director | 10% Owner | Officer | Other | | | | | |
| Burkert Craig T 5400 LBJ FREEWAY SUITE 1500 DALLAS, TX 75240 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Craig T. Burkert, by Kyle A attorney-in-fact | 12/06/2018 | | | | | | | | |
| <u>**</u> Signature of Reporting | | | 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.