## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nachington	$D \subset$	205/10
Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
l	OMB Number:	3235-0362					
l	Estimated average burden						
l	hours per response:	1.0					

Form 3 Holdings Reported.

Instruction 1(b)

Common Stock		12/14/2015	(Month/Day/Year)		8) G	Amo	Amount (2,000		<b>Price</b> \$12.51			(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common			12/14/2015		_	G G	+	1,000	D D	\$12.51 \$12.51	_	450,747 451,747	D		
Common			12/14/2015			G		1,000	D	\$12.51		152,747	D		
Common	Stock		12/14/2015			G		500	D	\$12.51	1 4	153,747	D		
Common	Stock		06/23/2015		_	G		80,000	D	\$10.14	1 4	154,247	D	)	Owned By
Common	Stock	Та	ble II - Derivat	ive Securi							ly Owne	34,568 ed	I		Owned By Wife <sup>(1)</sup>
1. Title of Derivative	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu	umber 6. I Ex vative (Mourities uired		ercisable and	7. Tit Amo Secu Unde Deriv	tle and unt of urities erlying vative urity (Instr. 3	8. Price Derivativ Security (Instr. 5)	derivative Securities	o O Fo	). wnersh orm: irect (D) r Indirect	Beneficial Ownership t (Instr. 4)

## Explanation of Responses:

1. Mr. Macricostas disclaims beneficial ownership of these shares.

/s/ Richelle E. Burr, attorneyin-fact for Constantine S.

12/16/2015

Macricostas

\*\* 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.