Edgar Filing: JONES MICHAEL DAVID - Form 4

JONES MIC Form 4 February 21,	CHAEL DAVID									
FORM									OMB AP	PROVAL
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 3 200 Estimated average burden hours per	
Form 4 o Form 5 obligatio may cont See Instr 1(b).	or Filed purs ns tinue. Section 17(a	a) of the I	Public U	6(a) of th	e Securi ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	response	s per 0.5
(Print or Type I	Responses)									
JONES MICHAEL DAVID Symbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 800 GESSN	(First) (N NER SUITE 500	/liddle)	3. Date of (Month/E 02/20/2	-	ansaction			Director X Officer (give below) Sr. V		Owner r (specify
			mendment, Date Original ⁄Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON	, TX 77024							Form filed by M Person	ore than One Rep	porting
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed	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)	
Common Stock	02/20/2018			A	4,000	A	\$ 75.995	13,824.052	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)

1. Title Derivati Security (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer tame (rear cos	Director	10% Owner	Officer	Other				
JONES MICHAEL DAVID 800 GESSNER SUITE 500 HOUSTON, TX 77024			Sr. Vice President					
Signatures								
/s/ Beth Sibley, attorney-in-fact for Michael David Jones			02/21/2018					
<u>**</u> Signature of Reporting	g 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.