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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Karas Daniel J.																	all applic	•		son(s) to Iss 10% Ov Other (s	/ner	
(Last) 12700 PA SUITE 1	00 PARK CENTRAL DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017											low) VP & CLO - TB		below)		
(Street)		X	75251		_ 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								ır)	6. Lir	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																			
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/				saction	ar)	2A. Deem Execution	A. Deemed xecution Date,		3. Transaction Code (Instr.						Ť	5. Amount of Securities Beneficially Owned Following		Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									G	Code	v	Amount	nt (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock 04/0					1/201	/2017				A		1,696	(1)	A	\$0.0	00	14,399		D			
Common Stock				04/0	1/2017					F		488(2	2) D		\$25	.8	3 13,911 ⁽³⁾		D			
		7	able II -									sed of onverti				y O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Exercis Expiration Date (Month/Day/Yea		Date		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		es Security	De Se	Price of rivative curity str. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable		opiration	Title		Amount or Number of Shares							
Employee Stock Options ⁽⁴⁾	\$25.8	04/01/2017			A		5,023			(5)	04	1/01/2027	Comr		5,023		\$0.00	5,023		D		
Employee Stock Options ⁽⁴⁾	\$15.87									(5)	04	1/01/2026	Comr		11,746			11,746	5	D		

Explanation of Responses:

- 1. Represents shares of restricted common stock of Issuer granted to the reporting person under Issuer's 2014 Omnibus Incentive Plan. One fourth (rounded down to the nearest whole share, as applicable) of such shares shall vest on each of the first four anniversaries of the date of grant.
- 2. Represents 488 shares surrendered to satisfy applicable federal income tax withholding associated with the 4/1/17 vesting of 1,849 shares of restricted stock issued to reporting person.
- 3. Consists of (i) 8,199 shares beneficially owned by reporting person, and (ii) 5,712 shares of restricted stock of the reporting person subject to future time vesting requirements
- 4. Represents non-qualified stock options of Issuer granted to reporting person under Issuer's 2014 Omnibus Incentive Plan.
- 5. Exercise of the employee stock option is subject to vesting over four years from the date of grant, with one fourth of such options becoming exercisable on each of the first four anniversaries of the date of grant

Remarks:

/s/ Adam D. Nelson, Attorney-04/05/2017 in-fact

** Signature of Reporting Person

Date

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

- * 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.