SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* | | | | uer Name and Tick GLE MATER | 0 | · | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-------------------------|--------------|------------------------|---------------------------------------|----------------|--------------------|---|----------------------------|-----------------|---------------|--|--|
| BARNETT F WILLIAM | | | | | | <u> </u> | X | Director | 10% 0 | Dwner | | |
| (Last) 5960 BERKS | (First) HIRE LN #900 | (Middle) | | te of Earliest Transa 5/2020 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | |
| | | | | mendment, Date of | Original Filed | l (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | Line) | Form filed by On | e Reporting Per | son | | |
| DALLAS | TX | 75225 | | | | | | Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | - | Table I - No | n-Derivative S | Securities Acq | uired, Dis | posed of, or Bene | ficially | Owned | | | | |
| 1. Title of Secu | ity (Instr. 3) | | 2. Transaction Date | 2A. Deemed Execution Date. | | | | 7. Nature of Indirect | | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transa Code (8) | | 5) Amount (A) or Price | | | | of Indirect Beneficial Ownership (Instr. 4) | |
|--------------|--------------------------|---|------------------------|---|---------------------------|---|------------------------------------|--------|--|--|
| | | | Code | v | | | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 08/05/2020 | | Α | | 3,438 ⁽¹⁾ | Α | \$0.00 | 30,876 | D | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | r) Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. On August 5, 2020, the reporting person was granted 3,438 shares of restricted stock. The restrictions will lapse six months from the date of the grant.

Remarks:

| /s/ Scott M. Wilson as |
|-------------------------|
| Attorney-in-Fact for F. |
| William Barnett |

08/07/2020

** 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.