FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	205/19
vvasiiiiiqtuii,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	JVAL				
	OMB Number:	3235-0287				
	Estimated average burd	en				
l	hours per response:	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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 * Elsbree David B															elationship ck all applic	•	Persor	n(s) to Issu 10% Ow	
(Last)	(F	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019								Officer below)	(give title		Other (sp below)	oecify	
(Street) LEXING (City)			02421 (Zip)		_ 4. l	f Ame	endment, I	Date o	of Original	Filed	(Month/Da	ay/Yea	r)	6. Inc Line)	Form f	Joint/Group I iled by One iled by More	Reporti	ng Person	
(-19)			ole I - Nor	n-Deri	vativ	e Se	curities	s Ac	auired.	Dis	nosed o	of. or	Ben	eficiall	v Owner	<u> </u>			
1. Title of Security (Instr. 3) 2. Transa Date (Month/L				saction	1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d (A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature If Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common	n Stock 01/0:			01/201	2019		М		9,70	9,708 A		(1)	77	77,708)			
Common	Stock														10	10,000			By pouse ⁽²⁾
		-	Table II -	Deriva (e.g.,	ative puts,	Sec call	urities s, warr	Acqı ants	uired, [, optio	Dispo	osed of onverti	, or E ble s	Benet ecur	ficially ities)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transa Code (I			of Derivati Securiti Acquire (A) or Dispose of (D) (I	of Derivative Securities Acquired		6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Ai of Securities Underlying Derivative Sei (Instr. 3 and 4		s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio (Instr. 4)	y D (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date			Amount or Number of Shares					
Restricted Stock Units	(1)	01/01/2019			A		13,289		(3)		(3)	Com		13,289	\$0.00	13,289		D	
Restricted Stock	(1)	01/01/2019			M		9,708		(4)		(4)	Com		9,708	\$0.00	9,708		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. The reporting person disclaims ownership of these securities and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or
- 3. The restricted stock units were granted in accordance with the Issuer's Non-Employee Director Compensation Plan and vest on January 1, 2020.
- $4. \ On\ January\ 1,\ 2018\ the\ reporting\ person\ was\ granted\ 9,708\ restricted\ stock\ units\ that\ vested\ on\ January\ 1,\ 2019.$

Remarks:

/s/ John Sprague, Attorney-in-01/03/2019 **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.