FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasiiiii | gion, L | J.C | 20349 | |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average | hurden | | | | | | | |

0.5

hours per response:

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

| | | | | | | | . , | | | | ' ' | | | | | | | | |
|--|--------------|--|----------------|-------------------------------|----------------------------------|--|--------|--|---|---|------------------------|---|--|----------------------------|---|---|---|--|--|
| | d Address of | Reporting Person* Y M | | | | | | | | | g Symbol C [LEG] | | | | k all app Dired | olicable) ctor | Ü | | Owner |
| (Last) | (Fi | , | Middle |) | 3. Date of Earliest T 10/27/2017 | | | | ansaction (Month/Day/Year) | | | | | | Officer (give title below) SVP - Chief A | | | Other (spe below) accounting Officer | |
| (Street) CARTHA | | | 54836 (Zip) | i | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | , | | | | |
| | | Tab | le I - I | Non-Deriv | /ative | Sec | uritie | s A | cquir | ed, D | isposed o | f, or E | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | Date | Date (Month/Day/Year) | | Execution Date, ar) if any | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amo Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | tion(s) | | | (Instr. 4) | |
| Common Stock 10 | | | 10/27/20 | 017 | 17 | | | A | | 10.1081 | A | \$42.03 | 325 | 25 11,400.7677 | | | D | | |
| Common | Stock | | | 10/27/20 | 017 | | | | A | | 33.542 | A | \$39.5 | 56 | 11,43 | 34.3097 | 097 D | | |
| Common Stock | | | | | | | | | | | | | 4,18 | 7.06 ⁽¹⁾ | | I | Held in Trust Under Issuer's Retirement Plan | | |
| | | Ta | able I | | | | | | | | oosed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security | | ion Date Executification (Month/Day/Year) Executification (Month/Day/Year) | | eemed 4. Ition Date, Trans | | saction of Derivat Securit Acquirr (A) or Dispos of (D) (Instr. 3 and 5) | | mber rative rities ired r osed) | f 6. Date Exe Expiration (Month/Day | | cisable and Oate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. F Der Sec (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | : cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 25.98 shares under the Issuer's Restated Stock Bonus Plan in transactions exempt under Rule 16b-3(c). The information in this report is based on a plan statement dated as of 9/30/2017.

/s/ S. Scott Luton, by POA

10/30/2017

** 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.