SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287

| to Section obligation | this box if no l on 16. Form 4 ons may conti ion 1(b). | or Form 5 | ST | ATEMEN Filed | pursu | ant to S | ection 16(a | a) of the | Secu | rities Exchan | ge Act o | | RSHIP | E | MB Numb stimated a ours per re | average bur | 3235-0287 den 0.5 |
|---|---|------------------------|--|--|---|------------------|---|-----------|--|--------------------------|------------------|---|--------------------------------------|--|--------------------------------------|---------------------------------------|---|
| 1. Name and Address of Reporting Person [*] GLASSMAN KARL G | | | | 2. Is | suer Na | me and Ti | cker or | Tradin | 1 2 | Check all app X Direc | licable) tor | 10% Owner | | | | | |
| (Last) (First) (Middle) NO 1 LEGGETT ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2022 | | | | | | | | X Officer (give title Other (s below) below) Executive Chairman | | | | | |
| (Street) CARTHA (City) | | O ate) | 64836 (Zip) | 5 | 4. If | Amend | ment, Date | of Orig | inal Fi | led (Month/D | ay/Year) | | | ı filed by ı filed by | One Rep | ng (Check porting Per an One Re | son |
| (0.0) | (0) | , | | lon-Deriva | tive | Secu | rities Ac | quire | d, Di | sposed o | f, or E | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | and Securities Beneficially Owned Followi | | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Direct II Indirect E tr. 4) C | Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | 0 | Instr. 4) |
| Common | Stock | | | 02/23/20 | 22 | | | F | | 5,677 | D | \$36.26 | 6 861,00 | 9.9749 | | D | |
| Common | Stock | | | | | | | | | | | | 24,10 | 00.97 | | I I I | Held In Trust Jnder ssuer's Retiremer Plan |
| | | | Table I | I - Derivati (e.g., pu | | | | | | posed of, convertil | | | | d | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | Deemed cution Date, | 4. Trans | action | 5. Number of | | te Exe ration | rcisable and Date | 7. Title Amou | | 8. Price of Derivative | 9. Num derivat | | 10. Ownershi | 11. Natu p of Indire |

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Iransaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of Securities | | 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:

Remarks:

/s/ S. Scott Luton, attorney-in-02/24/2022

<u>fact</u>

** 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.

| FEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSH |
|--------|------------|---------|----|------------|---------|
| | U . | | | | |