FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue See | |

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* | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|---------|---|---|--|-----------|------------------------------------|-----|--|------|--|--|---|--|---|-----------------------|---|--|--|
| | | | | | | | | | | | | | | | X Dire | | ctor | X | 10% C |)wner | |
| (Last) (First) (Middle) 1600 AIRPORT FREEWAY, #100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2019 | | | | | | | | | | belov | , | Other (sp below) cutive Officer | | | | |
| (Street) BEDFOR | RD TX | ζ 7 | 76022 | | 4. If | Ame | endmen | t, Date o | of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | son | | | | |
| | | Tabl | e I - Noi | า-Deriv | ative | Se | curiti | es Ac | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) l | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secu Bene Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (111341.4) | | | |
| Common Stock, par value \$0.001 per share ("Common Stock") | | | | 10/15 | 5/2019 | | | | S | | 338(1) |) | D | \$15.98 | | 3,254,411 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 100,000 | | | I | By Shipley Bros., Ltd ⁽²⁾ | |
| | | Та | ıble II - I (| | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | | Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Amount Securitie Underlyin Derivativ Security and 4) | | ount of curities derlying ivative curity (Ir 4 4) | De Sei (Instr. 3 | | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Oi Fo Di (I) |). wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Shares were sold pursuant to the 10b5-1 plan dated October 10, 2019. The price reported represents the weighted average price of shares sold.
- 2. Shares of Common Stock owned directly by Shipley Bros., Ltd ("Shipley Bros."). Kenneth E. Shipley controls Shipley Bros and therefore may be deemed to beneficially own the shares of Common Stock owned directly by Shipley Bros.

/s/ Kenneth E. Shipley 10/17/2019

** 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.