## Edgar Filing: MURPHY PETER E - Form 4

| Form 4  |                                      |   |               |  |                 |         |   |  |   |   |  |
|---|--------------------------------------|---|---------------|--|-----------------|---------|---|--|---|---|--|
| November 06   | 5, 2017                              |   |               |  |                 |         |   |  |   |   |  |
| FORM  | <b>4</b> UNITEI                      | Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |               |  |                 |         |   |  |   | OMB APPROVAL<br>OMB 3235-0287<br>Number: January 31,<br>Expires: January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 or<br>Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b). | 6.<br>Filed pu<br>Section 17         |   |               |  |                 |         |   |  |   |   |  |
| (Print or Type F  | Responses)                           |   |               |  |                 |         |   |  |   |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>MURPHY PETER E  |                                      | 8   |               |  |                 |         | 5. Relationship of Reporting Person(s) to Issuer  |  |   |   |  |
|   |                                      |   |               |  |                 |         |   | k all applicable)  |   |   |  |
| 5075 KIMBERLY WAY       (Month/D)         (Street)       4. If Ameri  |                                      |   |               |  |                 |         |   | ve title 10% Owner<br>Other (specify<br>below)                                 |   |   |  |
|   |                                      |   | nth/Day/Year) |  |                 |         | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |   |   |  |
|   |                                      |   |               |  |                 |         |   | Are than One Reporting   |   |   |  |
| (City)  | (State)                              | (Zip)   | Tabl          | e I - Non-Der  | ivative Se      | curitie | es Acqu   | uired, Disposed of,  | or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Da<br>(Month/Day/Year | a Date 2A. Deemed<br>Year) Execution Date, if<br>any<br>(Month/Day/Year)                |               | 3. 4. Securities<br>Transaction Acquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or |                 |         | )   | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |  |
| Class A<br>Common<br>Stock  | 11/02/2017                           |   |               | Code V<br>A <u>(1)(2)</u>  | Amount<br>2,435 | (D)     | Price<br>\$ 0   | (Instr. 3 and 4) $22,230 \frac{(3)}{2}$  | D   |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | ınt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                           |            | Relationsh |         |       |
|--|------------|------------|---------|-------|
| reporting o when runne ( runne )                         | Director   | 10% Owner  | Officer | Other |
| MURPHY PETER E<br>5075 KIMBERLY WAY<br>LOUDON,, TN 37774 | Х          |            |         |       |
| Signatures   |            |            |         |       |
| PETER E. MURPHY, /s/ Wayn                                | 11/06/2017 |            |         |       |

attorney-in-fact

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- 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).
- In accordance with the Issuer's Director's Compensation Policy (the "Policy"), the reporting person was issued an equity award of 2,435 (1) stock units on November 2, 2017 for his service on the board of directors of the Issuer.

The stock units are fully vested and payable in an equivalent number of shares of the Issuer's Class A Common Stock upon or as soon as (2) practicable, and in all events within 30 days, following the first to occur of (A) the date of the reporting person's separation from service (as defined in the Policy) or (B) the occurrence of a change in control under the Issuer's Long-Term Incentive Plan.

(3) Represents stock units as described in footnote 2.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.