Edgar Filing: ZUCARO ALDO C - Form 4

| ZUCARO A Form 4 | LDO C | | | | | | | | | | |
|--|---|-------|--|---|------------|-----------|--|---|---|-----------|--|
| March 12, 20 |)18 | | | | | | | | | | |
| | | | | | | | | | | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | |
| Subject to Section 16. Form 4 or | | | | IGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires:January 31, 2005Estimated averageburden hours perresponse0.5 | | |
| obligation may cont | Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| ZUCARO ALDO C Symbol | | | Symbol OLD RI | Name and | C | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | INTERI | NATION | AL COR | P [O | RI] | (Chee | k an applicable |) | |
| (Last)(First)(Middle)3. Date of (Month/Da307 N MICHIGAN AVE, STE 230003/07/20 | | | | - | | | | X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO | | | |
| Filed(Mon | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| CHICAGO, | IL 60601 | | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 03/07/2018 | | | Р | 80 | A | \$ 20.11 | 1,255,080 | D | | |
| Common Stock | 03/07/2018 | | | J <u>(1)</u> | 0 | А | \$0 | 620,619 | Ι | By ESSOP | |

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

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

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

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

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|----------------|-------|--|--|--|--|
| I B | Director | 10% Owner | Officer | Other | | | | |
| ZUCARO ALDO C 307 N MICHIGAN AVE STE 2300 CHICAGO, IL 60601 | Х | | Chairman & CEO | | | | | |
| Signatures | | | | | | | | |
| William J. Dasso, Power of At Zucaro | Aldo C. | 03/12/2018 | | | | | | |
| <u>**</u> Signature of Reportin | 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).

(1) No transactions to report related to this indirect ownership of 620,619 shares.

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.