Edgar Filing: Burke Carolyn Jeanne - Form 4

Burke Caroly	n Jeanne											
Form 4	<u>_</u>											
April 01, 201												
FORM	4 UNITED) STATES		RITIES A			NGE C	OMMISSION	OMB Number:	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Section 16.				GES IN I SECUR		ICIA	NERSHIP OF	Expires: January 31 2009 Estimated average burden hours per				
Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed pu s Section 17	(a) of the l	Public Ut		ing Con	npany	Act of	e Act of 1934, 1935 or Section 0	response	0.5		
(Print or Type R	esponses)											
Burke Carolyn Jeanne Symbol				Name and			-	5. Relationship of Reporting Person(s) to Issuer				
				Earliest Tra	_			(Check all applicable)				
(Month/			(Month/D 03/29/20	-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
			ndment, Dat th/Day/Year)	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
BRYN MAV	WR, PA 19010							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	03/29/2019			А	613	А	\$ 36.73	6,855	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)

De See	Title of erivative curity astr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	of (N		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr	
				Code		4, and	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
Teporting of the real of real of	Director	10% Owner	Officer	Other					
Burke Carolyn Jeanne 762 W LANCASTER AVE. BRYN MAWR, PA 19010	Х								
Signatures									
/s/ Brian Dingerdissen, attorne Burke	for Ms.	04/01/2019							
<u>**</u> Signature of Reporting I			Date						
Evenlow ation of Deeneneers									

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).

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.