Daniels Kevin Form 4 March 05, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
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Number:

response...

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| Daniels Kevi | in | | Symbol CORE L [CLB] | .ABORA | TORIES | SNV | | Issuer (Chec | k all applicable |) | |
|---|--|--------------------|---|--------|----------|---|--|---|------------------|---|--|
| (Last) 6316 WIND | (Last) (First) (Middle) 316 WINDFERN RD | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019 | | | | | Director 10% Owner Sofficer (give title below) | | | |
| HOUSTON, | 4. If Amendment, Date Original Filed(Month/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 | | | | | |
| | | | | | | | | Person | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executi any | on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8) (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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Restricted Shares | 03/01/2019 | | | M | 110 | A | \$ 0 | 764 | D | | |
| Restricted Shares | 03/01/2019 | | | F | 50 | D | \$ 67.37 | 714 | D | | |
| Restricted Shares | 03/01/2019 | | | M | 120 | A | \$ 0 | 834 | D | | |
| Restricted Shares | 03/01/2019 | | | F | 54 | D | \$ 67.37 | 780 | D | | |

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. 5. Number Transactionof Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 |
|---|---|--------------------------------------|---|---|---------|--|--------------------|---|--|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Shares | \$ 0 | 03/01/2019 | | M | 110 | <u>(1)</u> | <u>(1)</u> | Common Shares | 110 | \$ 0 |
| Restricted Shares | \$ 0 | 03/01/2019 | | M | 120 | (1)(2) | (1)(2) | Common Shares | 120 | \$ 0 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Daniels Kevin

6316 WINDFERN RD CAO & Treasurer

HOUSTON, TX 77040

Signatures

/s/Mark F. Elvig, Attorney-in-Fact 03/05/2019

**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).
- (1) The Restricted Shares vest in the amount of 1/6th of the grant on each of the six annual anniversaries following the date of grant.
- (2) Multiple restricted share grants are included in this total. The 1,515 shares are the total remaining unvested RSAPs for this reporting person.

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.

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