Edgar Filing: GALVAN MARTIN P - Form 4

GALVAN N	/IARTIN P										
Form 4											
July 25, 201	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OND	3235-0287		
Check th	nis box		was	nington,	D.C. 20:	549			Number:	January 31,	
if no lon		MENT O	F CHAN	CES IN I	RENEFI	СТА		NEBSHID OF	Expires: 200		
subject to Section	0			GES IN BENEFICIAL OW SECURITIES					Estimated average		
Form 4 c				BLUUK	SECURITIES				burden hou response	•	
Form 5	Filed p	ursuant to	Section 1	6(a) of the	Securiti	ies E	xchang	e Act of 1934,	10000100	0.0	
obligatio	ons Section 1'						-	f 1935 or Sectio	n		
may con <i>See</i> Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
	_ 、										
(Print or Type	Responses)										
1 Name and /	Address of Reportin	a Person *	2 I	NT	T. 1 7	т I [.]		5 Relationship of	Penorting Per	son(s) to	
GALVAN MARTIN P Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			Earliest Transaction			Director 10% Owner					
9000 STAT	EROAD		07/22/20	Day/Year) 2017				Director 10% Owner Officer (give title Other (specify			
,	2110112		0112212	517				below)	below) Finance & CF	0	
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by (One Reporting Pe	erson	
PHILADEI	LPHIA, PA 191	36							Aore than One Re		
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	ar) Execution any	on Date, if Transaction(A) or Disposed of Code (D)				d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
			Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned	Ownership		
								Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D '	(Instr. 3 and 4)			
Common				Code V			Price \$				
Stock	07/22/2017			F	458 <u>(1)</u>	D	ф 21.5	40,265	D		
							±1.5				
Common Stock	07/23/2017			F	850 <u>(2)</u>	D	\$ 21.5	39,415	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.

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own 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							
	Director	10% Owner	Officer	Other				
GALVAN MARTIN P			VP of					
9000 STATE ROAD			Finance &					
PHILADELPHIA, PA 19136			CFO					
Cignotures								

Signatures

/s/ Martin P. 07/25/2017 Galvan 07/25/2017

<u>**</u>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) Shares were withheld by the Company to satisfy tax withholding obligations related to a vesting of restricted stock on 7/22/2017.

(2) Shares were withheld by the Company to satisfy tax withholding obligations related to a vesting of restricted stock on 7/23/2017.

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.