Edgar Filing: Guerrieri Thomas Joseph JR - Form 4

| | omas Joseph JR | | | | | | | | | | |
|---|--|--|---|--|--|---|-------------|---|--|-----------|--|
| Form 4 March 01, 20 |)19 | | | | | | | | | | |
| | | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITEDS | STATES SH | ECURITI Washing | | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| | ddress of Reporting F nomas Joseph JR | Sy TA | . Issuer Nan mbol ANGER F ENTERS 1 | ACT | ORY OU | | - | 5. Relationship of Issuer (Checl | Reporting Pers k all applicable | | |
| | | | | te of Earliest Transaction th/Day/Year) 8/2019 | | | | Director 10% Owner X Officer (give title Other (specify below) below) below) VP, CAO and Controller | | | |
| | | | If Amendme ed(Month/Da | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GREENSBO | ORO, NC 27408 | | | | | | | Form filed by M Person | | | |
| (City) | (State) (| Zip) | Table I - I | Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | Cod Year) (Ins | le tr. 8) | 4. Securi on(A) or Di (Instr. 3, Amount | spose | 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 | 02/28/2019 | | F | | 433 | D | \$ 21.79 | 31,778 | 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)

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exer | | | le and | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|----------------------------------|--|--|--------------------|-----------------|--|---|-------|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transactio Code (Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) | Expiration Date Amount of (Month/Day/Year) Underlying Securities (Instr. 3 an | | rlying ities | Security Sec (Instr. 5) Be Ov Fo Re Tra | Deriv Secu Bene Owne Follo Repo Trans (Instr | |
| | | | | | (Instr. 3, 4, and 5) | | | | | | |
| | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Repor | ting O | wners | | | | | | | | | |

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| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Guerrieri Thomas Joseph JR 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408 | | | VP, CAO and Controller | | | | |
| Signatures | | | | | | | |
| /s/ Eric Richardson, attorney-in-fact for Mr. Guerrieri | 03/01/2019 | | | | | | |
| **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).

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.