FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average I | nurden | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | OMB APPRO | VAL |
|---|------------------------|-----------|
| I | OMB Number: | 3235-0287 |
| | Estimated average burd | en |
| | hours per response: | 0.5 |

| | | Reporting Person* ANNE G. | | | | | | e and Ticl DTELS | | | Symbol ORTS, IN | <u>С.</u> [нѕ | | Relationship Check all appli Direct | cable) or | g Pers | 10% Ow | /ner |
|--|---|--|---|-----------------|--|---|--|---|------------------|--|---|-----------------|---|---|--------------|--------|--------|------|
| (Last) (First) (Middle) 6903 ROCKLEDGE DRIVE SUITE 1500 | | | | | 03 | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017 | | | | | | | | X Officer (give title Other (specify below) EVP, Human Resources | | | | |
| (Street) BETHESDA MD 20817 | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | Person | | | | | | |
| | | Tab | le I - No | on-Deri | ivativ | e Se | curi | ties Ac | quired | l, Di | sposed o | f, or Be | neficia | ally Owned | i | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | 5) Securiti Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect I nstr. 4) (| 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | | | | |
| Common | Stock | | | 03/15 | /2017 | | | | M | | 15,254 | A | \$18.2 | 492 61 | ,358 | | D | |
| Common Stock 03 | | | 03/15 | /2017 | | | | s 15,254 Γ | | D | \$18.2 | 492 46 | 46,104 | | D | | | |
| | | - | Table II | | | | | | | | oosed of, convertil | | | y Owned | | | | |
| 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) (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ies g Security | Derivative Security | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | 03/15/2017 | | | M | | | 15,254 | 12/31/2 | 016 | 02/04/2026 | Common Stock | 15,25 | 4 \$18.2492 | 0 | | D | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | | | | | | | | 12/31/2 | 012 | 01/20/2022 | Common Stock | 3,782 | 2 | 3,782 | 2 | D | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | | | | | | | | 02/05/2 | 013 | 02/05/2023 | Common Stock | 6,631 | L | 6,631 | l | D | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | | | | | | | | 01/22/2 | 014 | 01/22/2024 | Common Stock | 7,249 | | 7,249 |) | D | |
| Non- Qualified Stock Option (right to buy) | \$0.0 | | | | | | | | 12/31/2 | 015 | 01/15/2025 | Common Stock | 6,551 | | 6,551 | | D | |

Explanation of Responses:

By: Elizabeth A. Abdoo For: Joanne G. Hamilton

03/16/2017

** Signature of Reporting Person

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).