FORM 4

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burd | len | | | | | | | | | |

0.5

hours per response

| Check this box if no longer subject to | STATEMENT OF CHANG |
|---|------------------------------|
| Section 16. Form 4 or Form 5 obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16 |

| Instruction 1(b). | | File | ed pursuar | ecuriti | 4 | | nours | per response: | 0.5 | | | | | | |
|--|-----------------------|--------------|-----------------------------|--|---|---|---------|--|--|-------------------------------|---|-----------------------|---|-------------------------|--|
| | | | | | ction 30(h) of the In | | | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>Stein A William</u> | | | | | Name and Ticker | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | <u> </u> | X | Director | | 10% C | Dwner | | |
| (Last) 6903 ROCKLE SUITE 1500 | (First) CDGE DRIVE | (Middle) | | 3. Date o 07/17/2 | of Earliest Transact 2019 | ion (Mo | onth/Da | ay/Year) | | Officer (give title below) | | Other (specify below) | | | |
| | | | | | | | | | | | ideal an Isiat/C | | | | |
| (Street) BETHESDA | MD | 20817 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ridual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One | | Reporting Person | g Person | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - No | n-Deriv | vative S | ecurities Acq | uired, | Disp | posed of, o | r Bene | ficially C |)wned | | | | |
| Dat | | | 2. Trans Date (Month/ | action Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially O Following | Form: Direct | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t Beneficia Ownershi | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | | Table II - | | | curities Acqui | | | | | - | vned | | | | |

 Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Table II - I

| | (e.g., puts, cans, 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. Transa Code (8) | | Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Phantom Stock | (1) | 07/17/2019 | | Α | | 7,318.8566 | | (1) | (1) | Common Stock | 7,318.8566 | \$ <mark>0.0</mark> | 7,318.8566 | D | |

Explanation of Responses:

1. Each share of phantom stock is the economic equivalent of one share of common stock of the Issuer and will be settled in cash on a date selected by the reporting person.

By: William K. Kelso For: A. William Stein

07/19/2019

** Signature of Reporting Person

Date

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

* 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.

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.