SEC Form 4
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## FORM 4

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

OMB APPROVAL

I

	OMB Number: 3235-0287 Estimated average burden									
	hours per response:	0.5								

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

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

1. Name and Address of Reporting Person* Cugine Joseph M. (Last) (First) (Middle) 100 EAST RIDGE ROAD													(Chec	5. Relationship of Reporting Person(s) to I (Check all applicable)					
													X	Direc Office belov	er (give title		10% Owner Other (spec below)		
(Street) RIDGEFIELD CT 06877 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	,				
		Table	I - Nor	ו-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or B	Bene	ficially	y Own	ed			
Date					Date Exe (Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) Of (D) (Instr. 3,		4 and Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) ( (D)	or P	rice		ed ction(s) 3 and 4)			(Instr. 4)
Common Stoc	ck	03/12/2020 P 955 A <b>\$</b> 19.81 24,311 D																	
		Tal									osed of, o onvertib				Owne	d			
Security or Ex Instr. 3) Price Deriv	tive Conversion Date Execution ty or Exercise (Month/Day/Year) if any		ned 4.			of Deriv	r osed )	6. Date Expirati (Month/	ion Da	ear) Securities Underlying Derivative Security (In 3 and 4)		int of rities rlying ative rity (Ins	8. Price of Derivative Security (Instr. 5) str.		9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	(I) (I)	). wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

Explanation of Responses:

## /s/ Alexandros Aldous,

of

or Number

Shares

Attorney-in-Fact for Joseph

03/12/2020

<u>M. Cugine</u>

Title

Expiration Date

\*\* 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).

Code V

(A) (D)

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.