FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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

Name and Address of Reporting Person* Davis Jerome L													Relationship Check all app X Direc	licable)	Person(s) to Is		
(Last) (First) (Middle) 15304 LINN PARK TERRACE					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015									Office below	er (give title	Other below)	(specify
(Street) LAKEW RANCH (City)	AKEWOOD FL 34202 ANCH				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)			le I - Non-D	Deriva	tive	Sec	uritie	es Ac	cauired. [Disp	osed	of. or Bo	enefici	ally Owne	d		
1. Title of Security (Instr. 3) 2. Transc Date (Month/L					ction 2A. Deemed Execution Da		med on Date	3. Transac Code (In	tion	4. Secui	rities Acqui ed Of (D) (Ir	red (A) oi	5. Amo Securit Benefic Owned	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Price	Report Transa (Instr. 3	ction(s)		(Instr. 4)	
		Т	able II - De						uired, Dis								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Date (Month/Day/Year) Security a. Transaction Date (Month/Day/Year) Month/Day/Year) (Month/Day/Year) Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) Security Month/Day/Year) (Month/Day/Year) Month/Day/Year) (Month/Day		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	5. Number 6. Date Exercisable and 7. Title and			d f s g Security	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
				C	ode ,	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares				
Phantom Stock Units ⁽¹⁾	\$0.00 ⁽²⁾	12/31/2015			A		402		(1)		(1)	Common Stock	402	\$43.51	35,381	D	
Phantom Stock Units ⁽¹⁾	\$0.00 ⁽²⁾	12/31/2015		A	A (3)		88		(1)		(1)	Common Stock	88	\$43.51	35,469	D	
Restricted Stock Units ⁽⁴⁾	\$0.00 ⁽²⁾	12/31/2015		A	A (5)		3		(4)		(4)	Common Stock	3	\$43.51	1,368	D	

Explanation of Responses:

- 1. The phantom stock units were allocated under the Deferred Compensation Plan for Non-Employee Directors. The units of phantom stock will be settled in shares of common stock following the director's termination from the Board in accordance with the election of the reporting person, or following the occurrence of other events specified in the Plan.
- 2. Settled 1-for-1.
- 3. Units acquired pursuant to a dividend equivalent reinvestment feature of the Deferred Compensation Plan for Non-Employee Directors.
- 4. The restricted stock units were allocated under the 2009 Non-Employee Director Stock Incentive Plan. The units of restricted stock will be settled in shares of common stock following the director's termination from the Board in accordance with the election of the reporting person, or following the occurrence of other events specified in the Plan.
- 5. Units acquired pursuant to a dividend equivalent reinvestment feature of the 2009 Non-Employee Director Stock Incentive Plan.

Remarks:

/s/ Patricia A. Beithon, Attorney-in-Fact for Jerome L. 01/05/2016

** 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.