SEC Fo	orm 4
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FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

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

U obligat	n 16. Form 4 or ions may contii tion 1(b).			F	iled pu	rsuant	to Sec	tion 16	6(a) d	of the Sec	uritie	es Exchai	nge Act	of 193	4			11		erage burde sponse:	en (
1 Nome or	d Addross of	Deporting Dercon*			0	r Secti	on 30(h) of th	ne In	r or Tradin	Con	npany Act	t of 1940)		elat	tionship c	f Reporting	1 Pers	on(s) to Iss	suer		
1. Name and Address of Reporting Person [*] Miller J Stuart										[WK]	y Oj	(Ch		all applic Directo	able)	g i ci3	erson(s) to Issuer 10% Owner Other (specif						
(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019											below)		VP 8	below) P & CFO			
(Street) AMES IA 50010						If Ame	endmer	nt, Date	e of (Original Fi	ed (Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person										
(City)			(Zip)		-													•	e than One Reporting				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) Date (Month/Da					ear) E	2A. Deemed Execution Date, if any (Month/Day/Year			Code (Inst		on Disposed Of		s Acquired (A) of (D) (Instr. 3, 4		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Natur Indirect Benefic Owners			
										Code V	Amount		(A) or (D)		Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
	Common St			<u> </u>)1/201	/2019				A ⁽¹⁾		43,000	_		-	\$41.86		332,233		D			
Class A C	Common St		T -1-1-11)1/201					F ⁽³⁾		495		\$41.8					D				
			Table II -							options						01	wned						
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)			Date,	4. Transa Code (8)				Exp	Date Exerci piration Da onth/Day/Ye	e	le and	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	D	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactin (Instr. 4)	e C S F Ily C I (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Bene Owne (Instr			
					Code V		(A)	(A) (D)		te ercisable	Expiration Date		Title	or Ni	mount umber Shares								
Employee Stock Option to Purchase Class A Common Stock ⁽⁴⁾	\$15.86								04/(07/2015 ⁽⁵⁾	04	/06/2024	Class A Commo Stock	on 1	64,240			164,24	10	D			
Employee Stock Option to Purchase Class A Common Stock ⁽⁴⁾	\$15.83								08/:	12/2015 ⁽⁵⁾	08	/11/2024	Class A Commo Stock	on 3	9,600	600		39,600		D			
Employee Stock Option to Purchase Class A Common Stock ⁽⁶⁾	\$14.74								02/0	01/2017 ⁽²⁾	01	/31/2026	Class A Commo Stock	on 3	1,469			31,469		31,469		D	
Employee Stock Option to Purchase Class A Common Stock ⁽⁶⁾	\$12.4								02/0	01/2018 ⁽²⁾	01	/31/2027	Class A Commo Stock	on 3	37,407			37,40	7	D			
 Grant of re Vests in th Shares del Granted pu Vests as to 	ree equal annu- ivered to the is irsuant to 2009 25% of the sh- cock option pur	ses: units pursuant to the al installments comm suer for the payment Unit Incentive Plan. ares on the first anniv suant to the 2014 Eq	encing on the of witholding versary of the	e first an g taxes d grant da	niversar ue upon	the ve	sting of	restric		-				od there	eafter.								

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.