**AMES** 

(City)

(Last)

(Street)

(City)

**AMES** 

IA

1. Name and Address of Reporting Person\*

2900 UNIVERSITY BOULEVARD

**Behar Living Trust** 

(State)

(First)

IA

(State)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

50010

(Zip)

(Middle)

50010

(Zip)

OMB APPROVAL OMB Number:

Estimated average burden 0.5 hours per response:

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

msuuc	uon 1(b).			File							mpany Act		1 1934			<u> </u>		
	nd Address of erome M	Reporting Person*							ker or Tra		Symbol					plicable)	g Person(s) to I	
(Last) (First) (Middle) I					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2017									Officer (give title Other (specify below)				
(Street) AMES (City)	IA		50010 Zip)		4. If A	Amer	ndment,	Date o	of Origina	al File	d (Month/Da	ay/Year)		6. Indir Line)	Forr	n filed by One n filed by Mor	Filing (Check A Reporting Per- re than One Rep	son
(0.1,)				n-Deriv	ative 9	Sec	uritie	s Acc	nuired	Die	sposed o	f or F	 Renefi	icially	Own	ed		
1. Title of S	Security (Inst		-	2. Transac Date (Month/Da	tion	2A. Exe	Deeme	d Date,	3. Transa Code (1 8)	ction	4. Securitie Disposed (	es Acqui	red (A)	or	5. Am Secui Bene Owne	ount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) c	r Pri	ce		rted action(s) . 3 and 4)		(Instr. 4)		
Class A (	Common Sto	ock		06/02/2	2017				S		50,142	D	\$1	8.76(1)	3,	968,768	I	By Behar Living Trust <sup>(2)</sup>
Class A (	Common Sto	ock		06/05/2	2017				S		5,979	D	4	518.9	3,	962,789	I	By Behar Living Trust <sup>(2)</sup>
Class A Common Stock															3,065	I	By son	
		Та	ble II -								osed of,				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I	med on Date,	4. Transac Code (In 8)	tion	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	mber ative rities ired osed		Exerci	isable and te	7. Title Amour Securit Underl Derivat	and it of ies ying	8. P Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er				
	nd Address of erome M	Reporting Person*																
(Last) 2900 UN	IVERSITY	(First) BOULEVARD	(Mi	ddle)														
(Street)						-												

	Name and Address of Reporting Person* <u>Behar Leslie F.</u>									
(Last) (First) (Middle) 2900 UNIVERSITY BOULEVARD										
(Street)										
AMES	IA	50010								
(City)	(State)	(Zip)								

## Explanation of Responses:

1. The price reported in Column 4 is a weighted-average price. The prices actually received range from \$18.75 to \$18.90. For all transactions reported in this Form 4 utilizing a weighted-average price, the reporting person undertakes to provide upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range

2. Shares are owned directly by The Behar Living Trust (a 10% owner of the issuer), and indirectly by Jerome M. Behar and Leslie F. Behar as settlers of the Behar Living Trust.

## Remarks:

/s/ Jerome M. Behar 06/06/2017
/s/ Jerome M. Behar as trustee for The Behar Living Trust
/s/ Leslie Fried Behar 06/06/2017
\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.