FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Section obligati	this box if no long 16. Form 4 or lons may continuition 1(b).	Form 5	STA		ed purs	uant	to Section	n 16(a)) of the S	ecurit	NEFICIA ies Exchang mpany Act	ge Ac	ct of 19		RSH	IP	Es		nber: I average burd response:	3235-0287 en 0.5
	nd Address of erome M	Reporting Person*			2. 19	ssuei	r Name a KIVA	nd Tick	ker or Tra	ding		01 10-					olicable)	orting P	Person(s) to Is	
(Last) 2900 UN	(Fi	rst) (Middle)				of Earlies 2015	t Trans	action (M	1onth/	'Day/Year)					Office below	er (give ti w)	itle	Other below)	(specify
(Street) AMES (City)	IA (St		50010 Zip)		4. If	f Ame	endment,	Date o	of Origina	l Filed	d (Month/Da	ay/Yea	ar)		i. Indiv ine) X	Form	n filed by	One R	ling (Check A eporting Pers han One Rep	on
		Tabl	e I - No	n-Deri\	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	r Ber	efici	ally	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transa Date (Month/E		r) E	2A. Deemo Execution f any Month/Da	Date,	3. Transa Code (8)		4. Securiti Disposed					Securi Benefi	icially d Followir	Fo (D	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (I	A) or D)	Price		Transa	action(s) 3 and 4)			(111501.4)
Class A C	Common Sto	ock ⁽¹⁾		12/11	/2015				S		15,000		D	\$18.	.003	4,3	357,268		I	By Behar Living Trust ⁽²⁾
Class A C	Common Sto	ock ⁽³⁾		12/14	/2015				S		1,300		D	\$18	.011	4,3	355,968		I	By Behar Living Trust ⁽²⁾
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)			ative rities ired osed	6. Date E Expiratio (Month/E	on Dat		Amo Secu Und Deri	An or Nu of	l			9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Name and Address of Reporting Person*							
Behar Jerome M	<u>I</u>						
(Last)	(First)	(Middle)					
2900 UNIVERSITY BOULEVARD							
*							
(Street)							
AMES	IA	50010					
(City)	(State)	(Zip)					
1. Name and Address of	f Reporting Person*						
Behar Leslie F.							
(Last)	(First)	(Middle)					
2900 UNIVERSITY BOULEVARD							
(Street)							
AMES	IA	50010					
(City)	(State)	(Zip)					
(5)							

Behar Living Trust							
(Last) 2900 UNIVER	(First) RSITY BOULEVAR	(Middle)					
(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 \$18.00 to \$18.02. 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 settlors of the Behar Living Trust.
- 3. The price reported in Column 4 is a weighted-average price. The prices actually received range from \$18.10 to \$18.11. 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.

Remarks:

/s/ Jerome M. Behar as trustee
for The Behar Living Trust
/s/ Jerome M. Behar
12/14/2015

<u>/s/ Leslie Fried Behar</u> <u>12/14/2015</u>

** 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.