FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL						
OMB Number:	3235-0287					
Catimated average burden						

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. Sec

	ons may contin ion 1(b).	ue. See		Filed	d pursu	ant to	Section	n 16(a)	of the Se	ecuriti	es Exchan	ge Ad	ct of 193	34			hours	per response:	0.5
											mpany Act								
	d Address of erome M	Reporting Person*							er or Tra		Symbol						olicable)	g Person(s) to I	
(Last) 2900 UN	(Fii IVERSITY	rst) (Middle)			ate of E		st Trans	action (M	lonth/l	Day/Year)					Office below	er (give title v)	Other below	(specify)
(Street) AMES	IA		50010		4. If <i>i</i>	Amend	lment	, Date o	f Original	Filed	(Month/Da	ay/Ye	ar)		6. Indiv Line) X	Form	n filed by One n filed by Mor	Filing (Check A Reporting Pers e than One Rep	son
(City)	(St	ate) (Zip)																
		Tabl	e I - No	n-Deriva	ative	Secu	ıritie	s Acc	quired,	Dis	posed o	f, o	r Ben	efic	ially	Owne	ed		
1. Title of S	Security (Inst	r. 3)		2. Transa Date (Month/D		Exe) if a	ny	ied n Date, ay/Year)	Code (4. Securit Disposed 5)					Securi Benefi	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)		(111501.4)
Class A C	Common Sto	ock		12/15/	2017				G	V	375		D	Ş	₿0	3,5	547,975	I	By Behar Living Trust ⁽¹⁾
Class A C	Common Sto	ock		12/19/	/2017				G	V	2,800)	D		\$0	3,5	545,175	I	By Behar Living Trust ⁽¹⁾
Class A C	Common Sto	ock		01/22/	/2018				S		41,915	5	D	\$2	2.15	3,5	503,260	I	By Behar Living Trust ⁽¹⁾
Class A C	Common Sto	ock		01/23/	/2018				S		3,085	5	D	\$2	2.15	3,5	500,175	I	By Behar Living Trust ⁽¹⁾
Class A C	Common Sto	ock		01/24/	/2018				S		1,000)	D	\$2	2.15	3,4	199,175	I	By Behar Living Trust ⁽¹⁾
Class A C	Common Sto	ock															3,065	I	By son
		Та									sed of, onvertib					wned			
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	ned and Date,	4. Transac Code (II	tion		mber rative rities ired r osed)	6. Date E Expiratio (Month/D	xercis	sable and e	7. T Ame Sec Und Der	itle and ount of curities derlying ivative curity (In		8. Pi Deri Seci (Inst		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		Expiration Date	Title	or Nur of	ount mber ares					
		Poporting Porcon*				7													

1. Name and Address of Reporting Person* Behar Jerome M							
(Last)	(First)	(Middle)					
2900 UNIVE	RSITY BOULEVAR	ID .					
(Street)			_				
AMES	IA	50010					

(City)	(State)	(Zip)					
1. Name and Address of Reporting Person*							
Behar Living T	<u>rust</u>						
(Last)	(First)	(Middle)					
2900 UNIVERSITY BOULEVARD							
(Street)							
AMES	IA	50010					
(City)	(State)	(Zip)					
1. Name and Address of	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. 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 01/24/2018
/s/ Jerome M. Behar as trustee for The Behar Living Trust
/s/ Leslie Fried Behar 01/24/2018
** Signature of Reporting Person Date

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

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.

^{*} 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).