FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

	(-,				or S	ectio	n 30(h)	of the I	nvestme	nt Cor	npany Act	of 194	40				-		
	d Address of	Reporting Person*							er or Tra		Symbol						olicable)	g Person(s) to	lssuer Owner
(Last) 2900 UN	(Fii	rst) (	(Middle)		3. Da			st Trans	action (M	lonth/	Day/Year)			-			er (give title		(specify
(Street) AMES	IA		50010		4. If	Amei	ndment	, Date o	f Origina	l Filed	I (Month/Da	ay/Yea	ar)		i. Indivine)	Forn	n filed by One n filed by Mor	o Filing (Check e Reporting Per re than One Re	son
(City)	(St		(Zip)	- Di-	4					D:-				- 6: - :	- 11	0			
1. Title of S	Security (Inst		IE I - NO	2. Trans Date (Month/I	action	2. E	A. Deem xecution	ned	3. Transa Code (	ction	4. Securit Disposed 5)	ties Ac	quired ) (Instr.	(A) or	.	5. Ame Securi Benefi Owned Repor	ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	٧	Amount		(A) or (D)	Price	•		action(s) 3 and 4)		
Class A C	Common Sto	ock		07/17	7/2017				S		1,290	)	D	\$20	).25	3,9	945,780	I	By Behar Living Trust <sup>(1)</sup>
Class A C	Common Sto	ock		07/18	3/2017				S		48,710	0	D	\$20	).25	3,8	397,070	I	By Behar Living Trust <sup>(1)</sup>
Class A C	Common Sto	ock		07/19	)/2017				S		75,000	0	D	\$20	.7 <sup>(2)</sup>	3,8	322,070	I	By Behar Living Trust <sup>(1)</sup>
Class A C	Common Sto	ock															3,065	I	By son
		Ta									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 n Date,	4. Transac Code (I 8)	tion	5. Nu	vative prities priced rosed )		xercis	sable and e	7. Ti Amo Secu Und Deri	tle and bunt of urities erlying vative urity (Ir 4)		8. Pr		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber					

1. Name and Addr	ess of Reporting Person*		
Behar Jerom	<u>ne M</u>		
(Last)	(First)	(Middle)	
2900 UNIVER	SITY BOULEVARD		
1.			
(Street)			
AMES	IA	50010	
(City)	(State)	(Zip)	
1. Name and Addr	ess of Reporting Person*		
Behar Livin			
(Last)	(First)	(Middle)	
, ,	SITY BOULEVARD	(2)	
2500 ONIVER	JII I DOULE VAIND		

(Street) AMES	IA	50010
(City)	(State)	(Zip)
1. Name and Ac Behar Les	ddress of Reporting Persor	*
	<u>ue r.</u>	
(Last)	(First)	(Middle)
2900 UNIVE	ERSITY BOULEVARI	)
1		
(Street)		
(Street) AMES	IA	50010

## 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.
- 2. The price reported in Column 4 is a weighted-average price. The prices actually received range from \$20.65 to \$20.80. 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
 07/19/2017

 for The Behar Living Trust
 07/19/2017

 /s/ Jerome M. Behar
 07/19/2017

 /s/ Leslie Fried Behar
 07/19/2017

 \*\* 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.