You may not send a completed printout of this form to the SEC to satisfy a filing obligation. You can only satisfy an SEC filing obligation by submitting the information required by this form to the SEC in electronic format online at https://www.onlineforms.edgarfiling.sec.gov.

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Form 3
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPRO	OVAL
OMB Number:	3235-0104
Expires: Ma	arch 31, 2015
Estimated average	burden
hours per response.	0.5

(Print or Type Responses)

(1 mit of Type Kesponses	3)							nours per response 0.5		
1. Name and Address of Reporting Person*		2. Date of Event Requiring Statement (Month/Day/Year)								
(Last)	(First)	(Middle)			Director	ck all applicable)10%	Owner	5. If Amendment, Date Original Filed (Month/Day/ Year)		
	(Street)				Officer (give	Other (specify below) below) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One ReportingPers				
(City)	(State)	(Zip)			Table I — Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)					nt of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of (Instr. 5)	Indirect Beneficial Ownership		

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 5(b)(v).

Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		Derivative Security (Instr. 4)		sion or Exercise Price of Deri-	ship Form of Deriv- ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	vative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:	•						

** 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

**Signature of Reporting Person Date