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Wright Mur Form 4 March 15, 2	•								
FORM	ЛЛ								PPROVAL
	UNITED ST					NGE (COMMISSION	OMB Number:	3235-0287
Check t if no lor subject Section Form 4	nger to STATEME 16.		Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWN SECURITIES					Expires: Estimated burden ho	urs per
Form 5 obligati- may cor <i>See</i> Inst 1(b).	Filed pursus ons Section 17(a)	ant to Section 1 of the Public U 30(h) of the In	tility Hold	ding Co	npan	y Act of	f 1935 or Sectio	n response.	0.3
(Print or Type	Responses)								
1. Name and Wright Mu	Address of Reporting Per rray H	Symbol	Name and			ng	5. Relationship of Issuer		
(Last) 4510 COX	(First) (Mid ROAD, STE 201	Idle) 3. Date of (Month/E 03/13/2	-	ransaction			(Chec X_ Director Officer (give below)		le) % Owner her (specify
RICHMON	(Street) ND, VA 23060		ndment, Da nth/Day/Year	-	al		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N Person	One Reporting F	Person
(City)	(State) (Zi	^{ip)} Tabl	e I - Non-E	Derivative	Secu	rities Acc	uired, Disposed o	f, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	a		3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (Instr. 3,	ties Adisposed 4 and (A) or	cquired d of (D)	5. Amount of Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
Common Stock							1,615	D	
Common Stock							83,513	I	Revocable Trust
Common Stock							40,000	I	IRA
Common Stock							4,251	I	Spouse (1)
Common Stock	03/13/2019		А	980	А	\$ 14.98	1,559	I	Spousal IRA (1)

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	2.	3. Transaction Date		4. T	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative		(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·		onNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securi		(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address							
reporting o when reality readers	Director	10% Owner	Officer	Other			
Wright Murray H 4510 COX ROAD, STE 201 RICHMOND, VA 23060	Х						
Signatures							
Sally M Cunningham Power of Attorney for Murray H							

Sally M. Cunningham, Power of Attorney for Murray H. Wright

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) The reporting person expressly disclaims beneficial ownership of these securities and filing this report shall not be construed as an admission of my benefitial ownership thereof for purposes of Section 16 of the Securities, or otherwise.

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.

03/15/2019

Date