Edgar Filing: GRAVES JAMES H - Form 4

GRAVES JA	MES H									
Form 4										
December 03										
FORM	4 UNITED	STATES SECU W	RITIES A ashington,			NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this if no long subject to Section 10 Form 4 or	SECUR	GES IN BENEFICIAL OWNERS SECURITIES				January 3 Expires: 200 Estimated average burden hours per response 0				
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(suant to Section a) of the Public 30(h) of the	Utility Hold	ding Con	npany	y Act of	1935 or Section	1		
(Print or Type R	esponses)									
GRAVES JAMES H Symbol			l	r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
			Date of Earliest Transaction			(Check all applicable)				
1600 W. 7TH STREET (Month/ 11/30/2 (Street) 4. If Am			(Month/Day/Year) 11/30/2018			_X_ Director 10% Owner Officer (give title Other (specify below) below)				
			Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FORT WOR	TH, TX 76102						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip) Ta	ble I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	11/30/2018		Code V S	Amount 7,000	(D) D	Price \$ 89.11		D		

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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exer Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Underlying Securities (Instr. 3 and	Security (Instr. 5) 4)	Secur Bene Owne Follo Repo Trans (Instr	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title Amou or Numb of Share	ber	

Reporting Owners

Reporting Owner Name / Addre	288	Relationships							
Reporting O wher funity fruit	Director	10% Owner	Officer	Other					
GRAVES JAMES H 1600 W. 7TH STREET FORT WORTH, TX 76102	Х								
Signatures									
/s/ JAMES H. GRAVES	12/03/2018								
<u>**</u> Signature of Reporting Person	Date								

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).

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.