### Edgar Filing: MASTANDREA JAMES C - Form 4

MASTAND	REA JAMES C										
Form 4											
April 02, 20									0.45.45		
FORM			CECUT					OMARCEON		PROVAL	
	UNITED	SIAIES			, D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	ger								Expires:	January 31,	
subject to Section 1	b SIAIEN	EMENT OF CHANGES IN BENEFICIAL OWNERSF SECURITIES							Estimated a burden hour		
	Form 4 or							response	0.5		
Form 5 obligatio may cont See Instr 1(b).	ns Section 17(	a) of the I	Public U	tility Hol		ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type ]	Responses)										
MASTANDREA JAMES C Syr			Symbol	r Name and one REIT	Ticker or	Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction					(Check all applicable)			
(N			(Month/Day/Year) 03/31/2018					X Director 10% Owner X Officer (give title Other (specify below) CHAIRMAN & CEO			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON	, TX 77063							_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution D any (Month/Day		and3.4. Securities Acquireda Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	03/31/2018			F	19,788 (1)	D	\$ 10.39 (2)	790,501	D		
Common Shares								138,329 <u>(3)</u>	Ι	By Spouse	

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.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
MASTANDREA JAMES C 2600 SOUTH GESSNER, SUITE 500 HOUSTON, TX 77063	Х		CHAIRMAN & CEO				
Signaturaa							

## Signatures

/s/David K. Holeman, Attorney-in-Fact for James C. Mastandrea

\*\*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).
- Represents common shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of certain (1)restricted common shares previously granted.
- Per share value assigned by the Company to the tax withholding shares based on the closing sales price of the common shares on March (2) 29, 2018, pursuant to the Company's 2008 Long-Term Incentive Plan.
- The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the
- (3) inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

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.

04/02/2018 Date