FORM 4

Check this box if no

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

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longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Respons	es)												<u>.</u>	
1. Name ar Galvan M	nd Address Michael S	Symbol	8						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 1300 POS	ST OAK I	0 (Month/Day	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2012						X_ Officer (give title Other (specify below) below) VP, Chief Accounting Officer						
HOUSTO	ON, TX 77		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)	Table I -	Non-D	eriva	tive Sec	ıritie	s Acqu	ıire	ed, Disposed	of, or I	Beneficia	lly Owne	d	
1.Title of S (Instr. 3)	Date (Month/Day/Year) Exe		any	Deemed 3. ution Date, if Transacti Code nth/Day/Year) (Instr. 8)		4. Secu Acquire Dispose (Instr. 3	ed (A ed of	A) or f (D)		5. Amount of Securities Beneficially O Following Rep	wned	6. Ownership Form: Direct (D)	Bene D) Own	direct ficial ership	
				Code	v	Amoun	or t (D			Transaction(s) (Instr. 3 and 4)		or Indir (I) (Instr. 4	Ì	: 4)	
Common	Stock	4/15/2012		P ⁽¹⁾	V	11.383	A	\$ 24.2	26	15,385.901		D			
Common	Stock	5/15/2012		P ⁽¹⁾	V	11.70	A	\$ 23.7	' 4	15,397.601		D			
Reminder:		separate line for ea	ach class of securiti	es bene	ficially	owned									
					in re	formati quired	on c to re	ontain spond	nec d u	d to the colle d in this form Inless the fo control numb	are n	ot		C 1474 (9-02)	
			Derivative Securitions, puts, calls, wa								l				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date, any (Month/Day/Ye	Cod	le	5. Numi of Deriv Secur	ative	and Ex (Mont	xpi	ration Date Day/Year)	7. Title Amou Under Securi (Instr.	int of lying		f 9. Number of Derivative Securities Beneficially Owned	10. Ownershi Form of Derivative Security:

1. Title of	2.	Transaction	3A. Deemed	4.		5.		Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	on	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secui	rities			(Inst	: 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr	: 3,								
						4, and	15)								
											Amount				
								Doto	Emminotion		or				
								Date Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Donouting Own on Name / Adduses	Relationships								
Reporting Owner Name / Address		10% Owner	Officer	Other					
Galvan Michael S 1300 POST OAK BLVD. STE. 800 HOUSTON, TX 77056			VP, Chief Accounting Officer						

Signatures

/s/ Rodger A. Stout as Attorney-in-Fact for Michael S. Galvan	07/27/2012
-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).
- (1) The reporting person acquired these shares under a dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

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.