FORM 4

Check this box if no	-
longer subject to	STA
Section 16. Form 4 or	
Form 5 obligations	
may continue. See	File
Instruction 1(b).	1 110

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

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response... 0.5

d 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 Type Responses)													
1. Name and Addre French Arthur L	5	Symbol			ker or Tradi	C	I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 1300 POST OAI	00	3. Date of E (Month/Day 07/15/201	/Year)	ansa	ction		_	Officer (give titleOther (specify below) below)					
HOUSTON, TX		4. If Amend Filed(Month/		ate O	original		А	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zip))	Table I	- Non-D	eriva	tive Securi	ties A	cquir	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any	tion Date, if Transaction Code		4. Securitie (A) or Disp (D) (Instr. 3, 4	osed	of	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial Ownership			
				Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	(I) (Instr. 4)	(IIISU. 4)		
Common Stock	07/15/2014			P <mark>(1)</mark>	v	18.49	А	\$ 32.2	4,581.135	D			
Common Stock	07/15/2014			P <mark>(1)</mark>	v	175.8789	A	\$ 32.2	35,574.8891 (2)	I	Flying F, LLC <u>(3)</u>		
D 1 D			c		,		-	-	-	-			

Reminder: Report on a separate line for each class of securities beneficially owned

directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5.		6. Date Exer	cisable	7. Ti	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on l	Numł	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	I	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Secur	ities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				1	Acqu	ired			4)			0	Direct (D)	
						(A) o							1	or Indirect	
						Dispo							Transaction(s)	· /	
						of (D	<i>.</i>						(Instr. 4)	(Instr. 4)	
						Instr									
					4	4, and	15)				1				
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Demonting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
French Arthur L. 1300 POST OAK BLVD. STE. 800 HOUSTON, TX 77056	х						

Signatures

/s/ Jason B. Beauvais as Attorney-in-Fact for Arthur L. French	07/22/2014
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.
- (2) Includes 1076 shares previously owned directly by the reporting person that were transferred to, and are now owned indirectly through Flying F, LLC.
- (3) Flying F, LLC is wholly owned by the reporting person and his wife.

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.