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

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

OMB APPRO	JVAL
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burden hours p	er
response	0.

### 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 Type Re	esponses)										
1. Name and Ad Appling Mich	Symbol			Ficker or Tra	U	Iss	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 1300 POST O	3. Date of (Month/E 08/15/20	ay/Year)		nsaction			Officer (give titleOther (specify below) below)				
HOUSTON, T	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)	Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any	med n Date, if Day/Year)	3. Transact Code (Instr. 8 Code		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5) (Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock	08/15/2014			P <u>(1)</u>	v	23.265	A	\$ 32.34	86,339.0228	D	
Common Stock	08/15/2014			P <mark>(1)</mark>	v	393.1262	A	\$ 32.3399	86,732.149	D	
Common Stock	08/15/2014			P <u>(1)</u>	v	18.50	A	\$ 32.34	86,750.649	D	

Reminder: Report on a separate line for each class of securities benefic directly or indirectly.	ially owned
	Persons who respond to the collection of SEC 147
	information contained in this form are not (9-0)
	required to respond unless the form displays a
	currently valid OMB control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, colls, warrants, options, convertible councilies)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	umbe	r	and Expiration	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)	D	erivat	ive			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuriti	es			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquire	ed			4)			Following	Direct (D)	
					(A	A) or							Reported	or Indirect	
					Di	Disposed							Transaction(s)	(I)	
					of	of (D)							(Instr. 4)	(Instr. 4)	
					(Iı	(Instr. 3,									
					4,	and 5	5)								
											Amount				
								Data	<b>F</b> actorian		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	/ (A	A) (I	D)				Shares				

# **Reporting Owners**

Banasting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Appling Michael JR 1300 POST OAK BLVD. STE. 800 HOUSTON, TX 77056	Х						

# Signatures

# **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.