FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* <u>Hochman Russell C.</u> | | | | | | | | | | | | | | | | | k all appli Directo | cable) or | ng Person(s) to Iss 10% Ov | | wner | |
|--|---|--|--|---------|-------|---|-------|--------|---------------------------------|--------------------------------------|-------|------------------|----------|------------------------------|--|-----------------------|--|---|---|--|--|--|
| (Last) 350 POP | (Last) (First) (Middle) 350 POPLAR CHURCH ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2018 | | | | | | | | | | | Officer (give title below) SVP, GC, CCO | | | Other (specify below) and Corp. Sec. | | |
| (Street) CAMP H (City) | MMP HILL PA 17011 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi _ine) X | ′ | | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curit | ies Ad | cqı | uired, I | Disp | osed o | of, or | Ben | efic | ially | Owned | k k | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (In 8) | | | | | | 4 and Securi Benefi Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A (D |) or) | Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/0 | | | | 6/2018 | 2018 | | | М | | 5,794 | 4 | A | \$0 | | 12,756 | | | D | | | | |
| Common Stock 05/06 | | | | 5/2018 | 8 | | | | F | | 2,379 | 9 D | | \$21.45 | | 5 10,377 | | D | | | | |
| | | Т | able II - | | | | | | | | | sed of | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of | | Date Exe kpiration I lonth/Day | Date | Amount of | | t of ies ying ive S | J Security | | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own Forn Dire or In (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) | | ate kercisable | | xpiration ate | Title | | Amount or Number of Shares | er | | | | | | |
| Restricted Stock | (1) | 05/06/2018 | | | M | | | 5,794 | | (2) | | (2) | Comm | | 5,79 | 4 | \$0 | 23,461 | | D | | |

Explanation of Responses:

- 1. Restricted Stock Units convert into common stock on a one-for-one basis.
- 2. On May 6, 2016, the reporting person was granted 17,382 restricted stock units of which one-third vested on the second anniversary of the grant date.

Remarks:

05/07/2018 /s/ Russell C. Hochman

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.