FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ngton, D.C. 20549 | Γ | |
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| _ | Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: 3 Estimated average burden |
| _ | obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: |
| | or Section 30(h) of the Investment Company Act of 1940 | | |

| 1. Name and Address of Reporting Person* MAHAN JON MARSHALL | | | | | | | | | OUP IN | | | A] | | (Che | eck all appli Directo | cable) or | g Pers | 10% Ov | vner |
|--|---|------------|---|--------|---|--|---|-------|---|------|-------------------------------------|---|---|-----------------------|---|--|----------|--|--|
| (Last) (First) (Middle) 1195 RIVER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2020 | | | | | | | | | Officer below) | (give title | | Other (s | specify | |
| P.O. BOX 302 (Street) MARIETTA PA 17547 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | uritie | s Acq | uired, | Disp | osed o | of, or B | enef | ficiall | y Owned | i | | | |
| 1. Title of Security (Instr. 3) | | | | Date | t. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction D Code (Instr. 5) | | Dispose | Securities Acquired (A) isposed Of (D) (Instr. 3, 4 | | | 5. Amou Securition Benefici Owned F Reporte | es Fo ially (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code V | | Amount | ount (A) or (D) | | Price | Transac (Instr. 3 | ction(s) | | | (501 4) |
| Class A C | Common St | ock | | | | | | | | | | | | | 6,988 | | | D | |
| | | 7 | able II - D | | | | | | iired, D option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amour Securi Underl Deriva | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Options | \$14.43 | 12/17/2020 | | | A | | 4,500 | | 07/01/2021 | 1 12 | 2/17/2025 | Class A Common | 4, | 500 | \$0.00 | 4,500 | | D | |

Explanation of Responses:

Remarks:

Mitchell J. Thoreson, by power 12/18/2020 of attorney

** 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.