## 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 obligations may continue. See	STATEMENT OF CHANGE
Instruction 1(b).	Filed pursuant to Section 16(a

OMB APPROVAL S IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     SHENK ROBERT G														(Check	all app Direc	ionship of Reporting all applicable)  Director  Officer (give title		10% C	wner		
(Last) (First) (Middle) 1195 RIVER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2014											X	Officer (give title Other (specibelow)  Sr. Vice President				
(Street) MARIETTA PA 17547					4. 11	4. If Amendment, Date of 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					on
(City)	(Si		Zip)		<u></u>	_												•			
1. Title of Security (Instr. 3)			2. Trans Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	ction					or 5. 4 and Se Be		5. Amount of Securities Beneficially		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D) Prid		e	Transa	action(s) 3 and 4)			(IIISU. 4)	
Class A Common Stock <sup>(1)</sup>				04/25	04/25/2014				J	V	9		A	\$1	4.67		7,396		I	401(k) Plan	
Class A C	ommon Sto	ock <sup>(1)</sup>		05/15	5/2014	4				J	v	66		1 A 1 \$1/1 /8 1 / /16 / 1 1 1 1					401(k) Plan		
Class A Common Stock																	1	8,093		D	
Class A C	ommon Sto	ock															102 I Child				
		Та										sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise co of invative curity (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) 8)		Transa Code (	(Instr	on or.	5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Expiration (Month/D	on Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		nstr. 3	Deri Sec (Inst	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ov Fo Dii or (I)	o. wnership orm: irect (D) r Indirect I (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Dividend Reinvestment Plan

Jeffrey D. Miller, by power of attorney

05/19/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.