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WOOD BRI Form 4	ENT										
February 19										OMB AF	PROVAL
FORM	UNITED	STATES				ND EX D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287
Check th if no lon			T T T			LOUN		Expires:	January 31, 2005		
subject to Section Form 4 c	F CHAN			BENEF	ICIA	L OWN	ERSHIP OF	Estimated average burden hours per response 0			
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U	tility H	Holo	ling Cor	npan	•	Act of 1934, 1935 or Sectior)	1	
(Print or Type	Responses)										
1. Name and A WOOD BR	Address of Reporting ENT	Person <u>*</u>	Symbol			Ticker or		0	5. Relationship of Issuer (Checl	Reporting Pers	
(Last) 400 W. PAI 100	(First) (Middle) E, SUITE		Day/Yea		ansaction			Director X Officer (give below) Executive V		Owner r (specify z CFO
	(Street) ND, MS 39157		4. If Ame Filed(Mo			te Origina)	1		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	rson
(City)	(State)	(Zip)					~		Person		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deen	ned 1 Date, if	3. Transa Code (Instr.	actio 8)	4. Securi n(A) or Di (Instr. 3,	ties A ispose	cquired d of (D)	fired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
Common Stock	02/11/2019			G	V	190	D	\$0	89,129	D	
Common Stock	02/14/2019			А		1,831 (1)	A	\$ 0	90,960	D	
Common Stock	02/14/2019			А		5,112 (2)	A	\$ 0	96,072	D	
Common Stock	02/14/2019			F		1,381 (3)	D	\$ 107.37	94,691	D	

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day re s	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I	Director	10% Owner	Officer	Other			
WOOD BRENT 400 W. PARKWAY PLACE SUITE 100 RIDGELAND, MS 39157			Executive Vice President & CFO				
<u><u>o</u>: .</u>							

Signatures

/s/ Brent W. Wood	02/19/2019			
<u>**</u> 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) Issuance of restricted shares upon the satisfaction of the performance goals in connection with the 2017 transitional long-term incentive program. These restricted shares vested in full on the performance goal certification date (February 14, 2019).
- Issuance of restricted shares upon the satisfaction of the performance goals in connection with the 2018 annual incentive program. These
 (2) restricted shares were awarded pursuant to the Issuer's 2013 Equity Incentive Plan, as amended, and vest one-fifth on the performance goal certification date (February 14, 2019) and one-fifth on each of January 1, 2020, 2021, 2022 and 2023.
- (3) On February 14, 2019, 3,113 restricted shares vested and the Reporting Person instructed the Issuer to withhold 1,381 shares of Common Stock to cover tax withholding obligations as permitted under the Issuer's 2013 Equity Incentive Plan, as amended.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.