FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|--------------|------|-------|--|
| vvasimigton, | D.C. | 20343 | |

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

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | Name and Address of Reporting Person* Setchum Lewis Craig | | | | | | | | | | | | | | | | or Reportir icable) tor | ng Pers | 10% Ov | | |
|---|---|--|---|---------|------------------------------|---|---|------|-----------------------------------|-------------------------------------|---|---------------------|--|----------------|--|---|-------------------------------|-----------------------------------|--|--|--|
| | (Fi TON CENT | ΓER | (Middle) | | 05 | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2013 | | | | | | | | | | | er (give title | | Other (s below) | | |
| (Street) HOUST(| ON T | X | 77010 (Zip) | | _ | 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 | | | | | |
| | | Tah | le I - Nor | n-Deri | vativ | e Se | curitie | - Δι | cani | red D | ier | nsed o | f or B | net | ficiall | v Owne | d | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Tran Date | saction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, 3 | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | A) or | 5. Amo Securi Benefi Owned | unt of ies cially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | [| Code | , | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 05/09 | | | |)9/201 | /2013 | | | A | | 935(1) | 1) A | | \$0 | 935 | | | D | | | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | • | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | ate Exerc ration Da nth/Day/Y | ite | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price o Derivativ Security (Instr. 5) | | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | | xpiration ate | Title | or Nu of | umber | | | | | | |
| Stock Options (Right to | \$32.07 | 05/09/2013 | | | A | | 7,144 | | 05/09 | 9/2014 ⁽²⁾ | 0 | 5/09/2023 | Common | 7 | ',144 | \$0 | 19,13 | 30 | D | | |

Explanation of Responses:

- 1. All of the shares of restricted Common Stock reported above will become exercisable on 5/9/2014, conditioned on the reporting person's continued service with the issuer and subject to accelerated vesting under certain circumstances
- 2. All of the options reported above will become exercisable on 5/9/2014, conditioned on the reporting person's continued service with the issuer and subject to accelerated vesting under certain circumstances.

/s/ Brian K. Shore, Attorney-in-05/13/2013 <u>fact</u>

** 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.