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 Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL OMB Number: 3235-024 | | | | | | | | |
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| Estimated average | burden | | | | | | | |

| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] Lane Andrew R | | | | suer Name and Ticl RC GLOBAL | 0 | , | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|----------------|-------------------|---|---|---|--|--|---|---|--|
| (Last) (First) (Middle) 2 HOUSTON CENTER 909 FANNIN, SUITE 3100 Street) | | | | ate of Earliest Trans 3/2013 | saction (Month | /Day/Year) | X | Officer (give titl below) Chairman, P | | ner (specify ow) CEO | |
| (Street) | | 4. If <i>i</i> | Amendment, Date o | of Original File | d (Month/Day/Year) | 6. Indiv Line) X | , | oup Filing (Cheo Dne Reporting F Aore than One F | Person | | |
| | | Table I - No | on-Derivative | Securities Ac | quired, Di | sposed of, or Benefi | cially | Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | 2A. Deemed Execution Date, if any (Month/Day/Vear) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5) | und S | Amount of Securities Seneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |

| | (Month/Day/Year) if an | | Code (Instr. 5) 8) | | | | | | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|--|-----------------------|---|--------|---------------|---------|------------------------------------|-----------------------------------|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/13/2013 | | F | | 48,243 | D | \$30.88 | 175,716 | Ι | Through A Limited Partnership |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction of Code (Instr. Deriv | | Transaction of Code (Instr. De 8) Se Ac (A) Dis of (In | | Transaction Code (Instr. D 8) S A (/ D 0 (I | | vative rities ired r osed) . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Amount of Securities Underlying Derivative Security (Instr. 3 | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------|--------------------------------------|-----|---|---------------------|--|-------|--|--|--|---|--|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | |

Explanation of Responses:

/s/ Brian K. Shore, Attorneyin-fact

11/15/2013

** 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.