Edgar Filing: Reiner Andres - Form 4

Daiman Andu

Form 4												
	gust 16, 2017 ORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSIO							OMB APPROVAL				
-	UNITED STATES SECURITIES AND EXCHANGE Washington, D.C. 20549					NGE (COMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31Expires:200Estimated averageburden hours perresponse0.4					
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type F	Responses)											
			Symbol	Name and y Holding			-	5. Relationship of Reporting Person(s) to Issuer				
•						CII	1	(Check all applicable)				
((Month/D	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2017					Director 10% Owner Officer (give title Other (specify below)			
				ndment, Dat th/Day/Year)	-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
ARLINGTO	ON HEIGHTS, II	L 60004						Form filed by N Person	Aore than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
Common				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock, par value \$0.001	08/15/2017			А	3,613 (1)	А	\$0	17,567	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Number Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Secur	ities	(Instr. 5)	Bene
	Derivative		Securities					(Instr.	. 3 and 4)		Owne
	Security	Acquired								Follo	
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					.,						
									Amount		
						Date Exercisable	Expiration Date	or	or		
								Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships

Director 10% Owner Officer Other

Reiner Andres C/O 3850 N. WILKE ROAD ARLINGTON HEIGHTS, IL 60004

Reporting Owner Name / Address

Signatures

/s/ Scott Mayhew, attorney-in-fact to Andres Reiner

**Signature of Reporting Person

Date

08/16/2017

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).

Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one (1) share of Common Stock per RSU.

(1) The RSUs will vest 25% quarterly, such that the RSUs will vest completely on the first anniversary of the date of grant. The grant will be settled pursuant to the terms of the Issuer's 2014 Equity Incentive Plan.

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.