Edgar Filing: ROTHMAN NOEL N - Form 4

| ROTHMAN | NOEL N | | | | | | | | | | |
|--|---|--------------------------|---------|---------------------------|---|------------------|--------------|--|---|--------------------------|--|
| Form 4 | | | | | | | | | | | |
| July 20, 200 | ЛЛ | | | | | | | | | APPROVAL | |
| Washington, D.C. 20549 | | | | | | | | N OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHA | | | | SECUR (a) of th | ATTIES e Securit | ies E | xchan | ge Act of 1934, | Estimated burden h response | • | |
| See Inst 1(b). | | 30(h) of | the Inv | estment | Compan | y Act | t of 19 | 40 | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| ROTHMAN NOEL N Symbol | | | | | l Ticker or ' | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | y/Year) | ransaction | | | (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) | | | |
| DENVER, | (Street) | | | dment, Da n/Day/Year | nte Original | | | | - | Person | |
| (City) | | (Zip) | Table | I - Non-D |) Oerivative (| Securi | ities Ac | Person quired, Disposed | of, or Benefic | ially Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | nsaction Date 2A. Deemed | | | 4. Securiti n(A) or Dis (D) (Instr. 3, 4 | ies Ac sposed | quired 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 | 07/20/2009 | | · | Code V P | 55,556 | (D) A | \$ 4.5 | 148,218 | Ι | by Partnership | |
| Common Stock | 07/20/2009 | | | Р | 55,556 | A | \$ 4.5 | 56,881 | Ι | by Spouse | |
| Common Stock | | | | | | | | 1,265,844 | D | | |
| Common Stock | | | | | | | | 325 | Ι | by Managed Account | |
| Common Stock | | | | | | | | 177,941 | Ι | by Trust | |

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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)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. Mumber | 6. Date Exerce Expiration D | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|--------------------------------------|-------------------------|--------------------|---|--------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monur Day Tear) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ e | | Under Securi | lying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| ROTHMAN NOEL N 821 17TH STREET DENVER, CO 80202 | Х | | | | | | | |
| Signatures | | | | | | | | |
| By: Lyne Andrich For: Noel Rothman | | 07/20/20 | 09 | | | | | |

**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).

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.