## Edgar Filing: TERRACINA ROY D - Form 4

TERRACINA	A ROY D										
Form 4											
April 01, 201	9										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287		
	1		Was	hington,	D.C. 20	549			Number:		
if no long	Check this box							Expires:	January 31,		
subject to		ENT OF	CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 1				SECUR	ITIES				burden hou	•	
Form 4 or									response	•	
Form 5 obligatior	<b>1</b> 0						-	ge Act of 1934,			
may conti				•	•	· ·		f 1935 or Sectio	n		
See Instru		30(h) o	of the Inv	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type R	Pasponsas)										
(I fint of Type K	(esponses)										
1. Name and A	ddress of Reporting I	Person *	2 Issuer	Name and	Ticker or '	Tradin	σ	5. Relationship of	Reporting Pers	son(s) to	
TERRACINA ROY D Symbol				er Name and Ticker or Trading				Issuer			
			[GROW					(Check all applicable)			
(Last)	(First) (N	liddle)	- 3 Date of	- Earliest Tra	insaction			X Director	10%	Owner	
				/Day/Year)				Officer (give title Other (specify			
				3/29/2019				below) below)			
			4. If Amer	. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
								_X_ Form filed by One Reporting Person			
SAN ANTO	NIO, TX 78229							Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	Zip)	Tabl	I Non D	orivotivo (	Socuri	tion A or	uired, Disposed of	f or Ronoficial	ly Ownod	
		<b>0</b> 1 5								-	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of				5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wohth/Day/Tear)			Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially (	(D) or Indirect (I)	Beneficial Ownership		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(a)			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(insure and i)			
Class A	02/20/2010	02/20/20	010	<b>T</b> (1)	100		\$	(1.200	D		
Common	03/29/2019	03/29/20	019	J <u>(1)</u>	100	А	1.09	61,200	D		
Stock											

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)

## Edgar Filing: TERRACINA ROY D - Form 4

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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Addr</b>	ess	Relationships						
	Director	10% Owner	Officer	Other				
TERRACINA ROY D 7900 CALLAGHAN RD SAN ANTONIO, TX 78229	X							
Signatures								
Roy D. Terracina	04/01/2019							
<u>**</u> Signature of	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) Restricted stock award to members of Board of Directors under 2010 Stock 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.

Reporting Person