## Edgar Filing: MAYER MARISSA A - Form 4

MAYER MA	RISSA A										
Form 4											
May 31, 2018	3										
<b>FORM</b>	Δ							OMB AI	PPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box							Expires:	January 31,		
if no longe subject to	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							2005 nated average		
Section 16	ó.	SECURITIES							burden hours per		
Form 4 or									0.5		
Form 5 obligation	_ ^						ge Act of 1934,				
may contin			•	•	• •		of 1935 or Section	n			
See Instrue 1(b).		30(h) of the	Investment	Compan	y Act	t of 19	940				
(Print or Type R	esponses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			nart Inc. [W	MTJ			(Check all applicable)				
(Last) (First) (Middle) 702 SOUTHWEST 8TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2018				``				
							XDirector10% Owner				
							Officer (give titleOther (specify below)				
			If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
							Applicable Line)				
BENTONVI	LLE, AR 72716-			,			_X_ Form filed by 0 Form filed by M Person	1 0			
(City)	(State) (	Zip) T									
(City)	(State) (	$\mathbf{T}$	able I - Non-D	Derivative S	Securi	ities Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	n Date, if TransactionAcquired (A) Code Disposed of ( Day/Year) (Instr. 8) (Instr. 3, 4 an		l (A) c l of (D	))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				<b>A</b>	or	D.:	Transaction(s) (Instr. 3 and 4)				
			Code V	Amount 2,080	(D)	Price	25,020.2773				
Common	05/30/2018		А	<u>(1)</u>	А	\$0	(2)	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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Title Amour		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Mondu Day Teat)	(Month/Day/Year)	Code (Instr. 8)	tionNumber Expiration Date of (Month/Day/Year) ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					Security Sec (Instr. 5) Ber Ow Fol Rep Tra	Secur Bene Owne Follo Repo Trans (Instr
				Code V			Expiration Date		Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips					
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other				
MAYER MARISSA A 702 SOUTHWEST 8TH STREET BENTONVILLE, AR 72716-0215	Х							
Signatures								
/s/ Geoffrey W. Edwards, by power attorney	05/3	1/2018						
<u>**</u> Signature of Reporting Person	Γ	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) Represents the annual equity grant as part of the Reporting Person's non-management director compensation. The receipt of these shares was deferred to a future date under an election previously made by the Reporting Person.
- (2) Balance adjusted to reflect phantom shares acquired as dividend equivalents on deferred stock.

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.