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| FORM 3 | **UNITED STATES SECURITIES AND EXCHANGE COMMISSIONWashington, D.C. 20549**Form 3 |
|  | **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES** |

(Print or Type Responses)

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| 1. Name and Address of Reporting Person\* | 2. Date of EventRequiring Statement(Month/Day/Year) | 3. Issuer Name **and** Ticker or Trading Symbol |
|  (Last) (First) (Middle) | 4. Relationship of Reporting Person(s) to Issuer(Check all applicable)\_\_\_\_ Director \_\_\_\_ 10% Owner\_\_\_\_ Officer (give \_\_\_\_ Other (specify title below) below) | 5. If Amendment, Date Original filed(Month/Day/Year) |
| (Street) |  | 6. Individual or Joint/Group Filing (Check Applicable Line)\_\_\_ Form filed by One Reporting Person\_\_\_ Form filed by More than One Reporting Person |
| (City) (State) (Zip) | **Table I – Non-Derivative Securities Beneficially Owned** |
| 1. Title of Security(Instr. 4) | 2. Amount of SecuritiesBeneficially Owned(Instr. 4) | 3. Ownership Form:Direct (D) orIndirect (I)(Instr. 5) | 4. Nature of Indirect Beneficial Ownership(Instr. 5) |
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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 5(b)(v).

 **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 control number.**

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| FORM 3 (continued) | **Table II – Derivative Securities Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)** |

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| 1. Title of Derivative Security(Instr. 4) | 2. Date Exercisable andExpiration Date(Month/Day/Year) | 3. Title and Amount of Securities UnderlyingDerivative Security(Instr. 4) | 4. Conversionor ExercisePrice ofDerivativeSecurity | 5. Ownership Form of DerivativeSecurity Direct (D) orIndirect (I)(Instr. 5) | 6. Nature of IndirectBeneficial Ownership(Instr. 5) |
| DateExercisable | ExpirationDate | Title | Amount orNumber ofShares |
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**Explanation of Responses:**

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| \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.*See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a) |  |  |  |
|  | \*\*Signature of Reporting Person |  | Date |

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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