Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Medici Frank																neck a		cable)	ng Person(s) to Is			
(Last) (First) (Middle) 600 BRICKELL AVENUE, 39TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019											Officer below)	(give title		Other (below)	specify	
Street) MIAMI FL 33131 (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			le I - Nor	n-Deriv	ative	e Se	curitie	es Ac	cauii	red. I	Dist	osed (of. or	Ber	neficia	llv O	wne					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E				action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (II 8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. Ar 4 and Secu Bene Own		mount of urities eficially ed Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									c	Code	v	Amount		(A) or (D)	Price	Ti	eporte ransac nstr. 3	tion(s)			(Instr. 4)	
Common Stock				02/0	02/01/2019					A		2,593	(1)	A	\$0		13,338		D			
Common	Stock			02/0	1/2019	9				A		943(2)	A	\$0		14	,281		D		
		7	able II -									sed of				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of		Expir	ate Exer ration I nth/Day	Date	of Securi		curitie rlying ative S	s Security	8. Price of Derivative Security (Instr. 5)	ative rity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s llly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	: rcisable		piration te	Title		Amount or Number of Shares							
Stock Option (right to buy)	\$25.39									(3)	03	/26/2025	Comr		15,000			15,000)	D		
Stock Option (right to	\$21.27									(3)	02	/01/2026	Comr		15,000			15,000		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest as to 1,296 shares on the date of the issuer's annual stockholder meeting held in the current fiscal year; the remainder will vest on January 31, 2020. Vested shares will be delivered to the reporting person upon vesting.
- 2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vested as to 235 shares on February 1, 2019. The remaining restricted stock units vest as to 236 shares on each of May 1, 2019, August 1, 2019, and November 1, 2019. Vested shares will be delivered to the reporting person upon vesting,
- 3. The option is immediately exercisable.

The Power of Attorney given by Mr. Medici was previously filed with the U.S. Securities & Exchange Commission on February 3, 2017, as an exhibit to a statement on Form 4 filed by Mr. Medici with respect to HealthEquity, Inc. and is hereby incorporated by reference.

> /s/ Delano W. Ladd, attorney-02/05/2019 in-fact

** Signature of Reporting Person Date

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 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.

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 Number.