## Edgar Filing: Hair Cara M. - Form 4

Hair Cara M											
Form 4											
December 04											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	APPROVAL	
	UNITED	SIAIL		hington,			NGE		OMB Number:	3235-0287	
Check the	is box		vv as	inington,	D.C. 20.	<b>5-7</b>				January 31,	
if no longer STATEMENT OF CHAI				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHART				SECURITIES					Estimated average burden hours per		
Form 4 o										0.5	
Form 5	<b>*</b>						-	ge Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Sectio	n		
See Instru		30(h)	) of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type I	Responses)										
<b>J</b>	I I I I I I I I I I I I I I I I I I I										
1. Name and A	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Hair Cana M				Symbol				Issuer			
			Helmeri	ch & Pay	ne, Inc. [	HP]		(Che	ck all applicable	a)	
(Last)	(First) (I	Middle)	3. Date of	Earliest Tra	ansaction			(Che	ck all application	-)	
(Month/I				nth/Day/Year)				Director 10% Owner			
1437 S. BOULDER AVE. 11			11/30/20	11/30/2018				XOfficer (give titleOther (specify below) below)			
								· · · · · · · · · · · · · · · · · · ·	rp. Services & O	CLO	
			4. If Ame	mendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
								_X_ Form filed by Form filed by	One Reporting Pe More than One Re		
TULSA, OF	\$ 74119							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat			3.				5. Amount of	6. Ownership		
Security	(Month/Day/Year)		on Date, if	Transactio Code	on(A) or Di (D)	ispose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3) any (Month			Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			OwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)					
						(A)		Reported Transaction(s)			
				Code V	A	or	Dein	(Instr. 3 and 4)			
Common					Amount		Price \$				
Stock	12/03/2018			F	221	D	φ 60.6	17,428	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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addres	55	Relationships						
	Director	10% Owner	Officer	Other				
Hair Cara M. 1437 S. BOULDER AVE. TULSA, OK 74119			VP, Corp. Services & CLO					
Signatures								
Cara M. Hair	12/04/2018							
<u>**</u> Signature of	Date							

Reporting Person

## **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.