## Edgar Filing: Holder Julie Fasone - Form 4

Holder Julie Form 4	e Fasone									
April 09, 20	ЛЛ	STATES	SFCUI	RITIFS A	ND F	KCHANGI	E COMMISSIO	N.T.	PPROVAL	
		STATES		shington				N OMB Number:	3235-0287	•
Check ti if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	nger to 16. or Filed put ons stinue.	rsuant to Se (a) of the P	ection 1 ublic U	SECUE 6(a) of the tility Hol	RITIES ie Secur ding Co	rities Excha	WNERSHIP OF inge Act of 1934, t of 1935 or Secti 1940	Estimated burden hou response	urs per	5
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Holder Julie Fasone			Symbol	r Name <b>and</b> IAN CHI		or Trading L CO [EM]	<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>N] (Check all applicable)</li></ul>			
(Last) 200 SOUT	(First) (			f Earliest T Day/Year) 2019	ransactio	n	X Director Officer (giv below)	109	% Owner her (specify	
	(Street)			endment, D nth/Day/Yea	-	nal	6. Individual or Applicable Line) _X_ Form filed by Form filed by		erson	
KINGSPO	RT, TN 37660						Person	whole than one R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3	d (A) or d of (D) , 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate line	e for each clas	ss of secu	urities bene	Pers info requ	ons who rearmation con ired to resp lays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5)

	Derivative Security				Acquir (A) or Dispos of (D) (Instr. and 5)	sed 3, 4,					
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0 <u>(1)</u>	04/05/2019	А		366 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	366 <u>(2)</u>	\$ 0 <u>(2</u>

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
	Director	10% Owner	Officer	Other
Holder Julie Fasone 200 SOUTH WILCOX KINGSPORT, TN 37660	Х			
Signatures				
Brian L. Henry, by Power of Attorney		04/09/201	9	
**Signature of Reporting Person		Date		
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## **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) Phantom Stock units credited under the Directors' Deferred Compensation Plan, each having a value equal to the market value of one share of issuer common stock and payable only in cash after termination of service as a director.
- (2) Automatic deferral of a portion of director's annual retainer fees that would otherwise have been paid in cash into the director's stock account of the Directors' Deferred Compensation Plan.
- (3) Includes 117 units credited since October 5, 2018 as hypothetical reinvestment of dividend equivalents.

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.