

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| 1. Name and Address of Reporting Person * | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|---|-------------------|---|---------------------------------|--|----------|---------------------|---------------|--|--------------------|---------------|---|---|--|---|--|
| Heissenbutte | l William | Holmes | | | | | OLD IN | | | | | Director | | 10 | 2/ Owner | |
| (Last) (First) (Middle) | | | | 3. I | Date | of Earli | iest Transa | action | 1 (MM/ | DD/YYYY | 7) | X Officer (give title below) Other (specify below) | | | | |
| 1660 WYNKOOP, #1000 | | | | | | | | 5/20 | | | | VP Corp Dev | v & Ops | | | |
| | (Stree | t) | | 4. I | f An | nendme | nt, Date C |)rigin | al File | ed (MM/E | D/YYYY | 6. Individual | or Joint/G | roup Filing | Check Appl | icable Line) |
| DENVER, CO 80202 (City) (State) (Zip) | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Т | able I - N | on-Der | ivati | ve Seci | urities Ac | quir | ed, Di | sposed (| of, or B | eneficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | 2. Tra | | Execu | | Deemed 3. Trans. Co | | ode 4. Securities A or Disposed o (Instr. 3, 4 and | |)) | | | ties Beneficially Owned Transaction(s) | | 7. Nature of Indirect Beneficial |
| | | | | | | | Code | v | Amou | (A) o | r Price | | | | | Ownership (Instr. 4) |
| Common Stock 2/25/201 | | | | /2016 | 6 | | M | | 1350 | A | \$0 | 64398 (2) | | D | | |
| Common Stock 2/25/20 | | | | /2016 | 16 | | F | | 617 | <u>1)</u> D | \$0 | 63781 (2) | | D | | |
| | Table | e II - Deriv | ative Secu | rities E | Benet | ficially | Owned (| | | | | s, options, conve | ertible sec | urities) | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) | Derivativ Securitie (A) or D (D) | | | | Date Exercisable and piration Date | | Securitie | Underlying Derivative Security Security | | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exerc | isable l | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
| Performance Shares | \$0 | 2/25/2016 | | M | | | 1350 | 8/26/2 | 2014 | 8/26/2019 | Comm Stock | | \$0 | 4050 | D | |

Explanation of Responses:

- (1) Represents shares withheld to satisfy taxes; no shares were sold.
- (2) Includes 21,943 shares of restricted stock that have not yet vested.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|--------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Heissenbuttel William Holmes | | | | | | | | |
| 1660 WYNKOOP | | | VD Cown Dov. & One | | | | | |
| #1000 | | | VP Corp Dev & Ops | | | | | |
| DENVER, CO 80202 | | | | | | | | |

Signatures

Margaret A. Beck as Attorney-in-Fact for William Holmes Heissenbuttel

2/26/2016

** Signature of Reporting Person

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 control number.