



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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 241.79	03/01/2015		A		428		03/01/2015 <sup>(1)</sup>	12/31/2023	Class A Common	2,140	\$ 0	1,712	D	

**Explanation of Responses:**

1. On 1/1/2014, the Issuer granted the Reporting Person a contingent vesting option of 2,140 shares of Class A Common Stock. On 2/23/2015, the Issuer determined that the performance criteria set forth in the option had been met, and therefore the entire option will vest and become exercisable as follows: 428 shares each on 3/1/2015, 1/1/2016, 1/1/2017, 1/1/2018, and 1/1/2019, provided that the Reporting Person remains employed by the Issuer on the applicable vesting date.

Karthleen H. Wade under  
POA for the benefit of      03/02/2015  
Thomas W. Lance  
 \*\* Signature of Reporting      Date  
 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 Number.**