SEC Form 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | urden |
| hours per response: | 0.5 |

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

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Add Sampsell D | ress of Reporting F avid H. | Person* | | er Name and Ticke I INTERNAT | | | , |] | | tionship of Reporting all applicable) Director Officer (give title | 10% C | |
|---------------------------------|--------------------------------|--|-------------------|--|------------------|---------------|-------------------|---|---|---|---|--------|
| (Last) 9350 EXCELS | (First) SIOR BLVD, SU | (Middle) UITE 700 | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2019 | | | | | | below) VP, Corp. Dev, | below |) |
| (Street) | | 4. If A | mendment, Date of | Original | Filed | (Month/Day/Ye | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| HOPKINS | MN | 55343 | | | | | | | | Form filed by One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | Form filed by Mor Person | e than One Rep | orting |
| | | Table I - No | n-Derivative \$ | Securities Acq | uired, | , Dis | posed of, o | or Ben | eficially | Owned | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, | | action Instr. | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | v | Amount | (A) or (D) | Price | Transaction(s) | | (| |

| | | | | | | | | | (U) | | (instr. 3 | and 4) | | |
|--|---|--|------------------------------------|---------|-------------------|---|-----|-------------------------------|---|--|--|--------|---|--|
| Common Stock 11/21/2019 | | | | | | | | 512 | D | \$18.155 | 46,5 | 67.014 | D | |
| 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) | e Conversion Date Execution Date, Transaction of Expira | | 6. Date E Expiratio (Month/D | on Date | e A ar) S L | 7. Title and Amount of Securities Jnderlying Derivative | Der | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned | 10. Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

| (instr. 3) | Derivative Security | (Month/Day/Year) | 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Deriv Secu | | | Derivative Security (Instr. 3 and 4) | | Owned Following Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
|------------|------------------------|------------------|---|---|---------------|-----|---------------------|--|-------|--|-------------------------------|------------|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Joshua L. Colburn,</u> <u>Attorney-in-Fact</u>

11/25/2019

Date

** 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 Number.