FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ck this box if | no longe | er subject t |
|----------------|----------|--------------|
| tion 16. Form | 4 or For | rm 5 |
| | | |

1. Name and Address of Reporting Person*

(First)

(Middle)

10507

Brolin Jonathan

2 DEPOT PLAZA 4TH FLOOR

BEDFORD HILLS NY

(Last)

(Street)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

| Section obligate | this box if no long 16. Form 4 of tions may contiction 1(b). | onger subject to r Form 5 nue. <i>See</i> | ST | | ed pur | rsuant | to Sect | ion 16(| a) of the | e Secu | Inities Exchange | ge Act o | | RSHIP | | | nber: I average response | | 0.5 |
|--|---|---|-----------------------------------|--------------|--|---|--|-------------------------|---------------|-----------------------------|---|---------------|---|--|----------------|---|---|--------------------------------|-------------------------|
| 1. Name and Address of Reporting Person* <u>Edenbrook Capital, LLC</u> | | | | | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
| (Last) 2 DEPO | (F T PLAZA | irst) | (Middle) | 1 | | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2018 Officer (give title below) below) Other (special below) | | | | | | | | | | , | | | |
| (Street) BEDFORD HILLS (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | | | | | le | | | | |
| (=-9) | | | | lon-Deriv | /ativ | re Se | curiti | es A | rauire | d D | isposed o | f or F | Renefic | ially Own | ed | | | | _ |
| 1. Title of Security (Instr. 3) 2.1 | | | 2. Transact Date (Month/Day | on 2A. Deeme | | Deeme ecution | ed 3. Date, Tra | | 4. Securities | | Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amound Securities Beneficia Owned For Reported | 5. Amount of | | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) nd 4) | | | | |
| 1 | class B common stock, par value \$.01 'Common Stock") | | 10/17/2 | 018 | 18 | | P | | 32,000 | A | \$2.5 | 5 4,039 | 4,039,706 | | | | (1)(3) | | |
| Common | Stock | | | 10/17/2 | 018 | | | | P | | 3,831 | A | \$2.5 | 7 4,043 | 3,537 | | I | See footnotes | (1)(3) |
| Common | Stock | | | 10/17/2 | 018 | | | | P | | 8,000 | A | \$2.5 | 5 863, | 699 | | I | See footnotes | j(2)(3) |
| Common Stock 1 | | 10/17/2 | 018 | | | | P | | 1,000 | A | \$2.5 | 7 864, | 864,699 | | I | | s ⁽²⁾⁽³⁾ | | |
| | | Ta | able II | | | | | | | | posed of, convertib | | | | l | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | tion Date, | | sactior e (Instr | of Deri Sec Acq (A) of Disp | oosed O) tr. 3, 4 | Expira | e Exer ation E h/Day/ | | e Amount of | | Report | | tive Ownersh Form: Cially Direct (D or Indire (i) (I) (Instr. | | Benefi Owner ect (Instr. | irect icial rship |
| | | | | | Code | e V | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| 1 | nd Address o | f Reporting Person* tal, LLC | | | | | | | | | | | | | | | | | |
| (Last) | T PLAZA | (First) | (1) | Middle) | | | | | | | | | | | | | | | |
| (Street) | RD HILLS | NY | 1 | 0507 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Z | Zip) | | | | | | | | | | | | | | | |

| (City) | (State) | (Zip) | | |
|-------------------------------------|--|------------|--|--|
| 1. Name and Address of EDENBROOK LP | of Reporting Person* LONG ONLY V | ALUE FUND, | | |
| 1 | (Last) (First) EDENBROOK CAPITAL, LLC 2 DEPOT PLAZA, 4TH FLOOR | | | |
| (Street) BEDFORD HILLS | NY | 10507 | | |
| (City) | (State) | (Zip) | | |

Explanation of Responses:

- 1. These securities are held in the account of Edenbrook Long Only Value Fund, LP, a private fund managed by Edenbrook Capital, LLC and may be deemed to be beneficially owned by Edenbrook Capital, LLC by virtue of its role as the investment manager of such private fund. In addition, Jonathan Brolin may be deemed to be a beneficial owner of such securities by virtue of his role as managing member of Edenbrook Capital, LLC.
- 2. These securities are held in the account of a private fund managed by Edenbrook Capital, LLC and may be deemed to be beneficially owned by Edenbrook Capital, LLC by virtue of its role as the investment manager of such private fund. In addition, Jonathan Brolin may be deemed to be a beneficial owner of such securities by virtue of his role as managing member of Edenbrook Capital, LLC.
- 3. Each Reporting Person disclaims beneficial ownership in the securities reported on this Form 4 except to the extent of its or his pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Edenbrook Capital, LLC; By:

/s/ Jonathan Brolin, Managing 10/19/2018

Member

s/ Jonathan Brolin 10/19/2018

Edenbrook Long Only Value

Fund, LP, By: /s/ Jonathan

10/19/2018 Brolin, Managing Member of

Edenbrook Capital Partners,

LLC

** Signature of Reporting Person

Date

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.