## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue 2

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

	ons may contir tion 1(b).	nue. See		File							ies Exchanç		f 1934			hour	s per response:	0.5		
1. Name and Address of Reporting Person* <u>Edenbrook Capital, LLC</u>				2. Is										5. Relationship of R (Check all applicable)		.,	o Issuer 6 Owner			
(Last) 2 DEPO	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/08/2018									Officer (give title Other (specify below) below)					
(Street) BEDFOF HILLS (City)	N'		10507 (Zip)		4. If	Am	nendment, 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					
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed of	f, or E	enef	icial	ly Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				, 4 and Secu Bene Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	or Pi	ice	Reporte Transac (Instr. 3	ction(s)		(Instr. 4)			
Class B common stock, par value \$.01 per share				05/08/	/2018		P		24,287	A		\$2.64	4,54	44,861	I	See footnote <sup>(1)</sup>				
Class B Common Stock 05/09				05/09/	/2018			P		9,393	3 A		82.65	4,554,254		I	See footnote <sup>(1)</sup>			
Class B Common Stock 05/10/20					/2018			P		5,845	A	. !	\$2.65	4,56	50,099	I	See footnote <sup>(1)</sup>			
		Ta									osed of, o				Owned					
Derivative C Security ( (Instr. 3) F	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (I 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		S (I	i. Price of Derivative Decurity Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)		Date Expiration of		Numb	er								
	nd Address of ook Capi	Reporting Person* tal, LLC																		
(Last) 2 DEPO	ΓPLAZA	(First)	(Mid	ldle)																
(Street) BEDFO	RD HILLS	NY	105	07		_														
(City)		(State)	(Zip)	)		_														
	d Address of <mark>Jonathan</mark>	Reporting Person*																		

BEDFORD HILLS NY

2 DEPOT PLAZA 4TH FLOOR

(First)

(State)

(Middle)

10507

(Zip)

(Last)

(Street)

(City)

1. The securities reported herein are held in the accounts of private funds. Edenbrook Capital, LLC may be deemed to be a beneficial owner of such securities by virtue of its role as the investment manager of such private funds. 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. 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:

Jonathan Brolin, Managing 05/10/2018

Member

/s/ Jonathan Brolin 05/10/2018 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.