Korman Alan S Form 4 May 16, 2018

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL

Number: 3235-0287 Expires: January 31,

Estimated average burden hours per

burden hours per response...

5 Relationship of Reporting Person(s) to

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2 Jasuar Nama and Tiakar or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Korman Al	an S		Symbol	MBUS MO	CKINNON	C	RP	Issuer (Chec	k all applicable	)
(Last)	(First) SPOINT PARK	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018				Director X_ Officer (give below) VP, Gen'l		Owner or (specify retary	
	(Street) LE, NY 14068			endment, Da nth/Day/Year	Ü			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by N Person		rson
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution	emed on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie (A) or Disp (Instr. 3, 4 a	osed c	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/15/2018			Code V A	Amount 20.5637 (1)	(D)	Price \$ 0	14,889.3901 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

SEC 1474

(9-02)

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

#### Edgar Filing: Korman Alan S - Form 4

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. Transactic Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Korman Alan S			VP, Gen'l					
205 CROSSPOINT PARKWAY			Counsel &					
GETZVILLE, NY 14068			Secretary					

# **Signatures**

Alan S. Korman

05/16/2018

\*\*Signature of Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) Represents additional restricted stock units attributable to dividend reinvestment.
  - Includes 14,889.3901 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 445.0701 shares become fully vested and non-forfeitable on 5/19/2018; 995.1490 shares become fully vested and non-forfeitable 50% per year for two years
- beginning 5/18/2018; 4,404.9855 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; 3,695.8000 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, and the remaining 5,348.3855 shares become fully vested and non-forfeitable 50% per year for two years beginning 11/15/2018, if reporting person remains an employee of issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2