### Edgar Filing: Robinson Scott J. - Form 4

Robinson Sc Form 4												
February 13										OMB AF	PROVAL	
FORM	<b>4</b> UNITED	) STATES				ND EXC D.C. 205		IGE CO	OMMISSION	OMB Number:	3235-0287	
Check th if no long	aer			0						Expires:	January 31, 2005	
subject to Section 1 Form 4 c	F CHANGES IN BENEFICIAL OWN SECURITIES						ERSHIP OF	Estimated average burden hours per response				
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U	tility Ho	old		pany	Act of	Act of 1934, 1935 or Section )	I		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Robinson Scott J.			2. issuer raine und riener of ridding						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date c	of Earliest	Tra	ansaction			(Check	an applicable	;)	
			(Month/Day/Year) 02/12/2019					Director 10% Owner _X Officer (give title Other (specify below) Senior Vice President				
	(Street)			endment, onth/Day/Y		te Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
BLOOMIN	GTON, MN 554	413							Person	ore than one Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non	1-D	erivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any		Code	tior )	4. Securitie or Disposed (Instr. 3, 4) Amount	d of (È	))	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	02/12/2019			A		418.662		\$ 48.95	914	Ι	By Benefit Plan Trust	
Common Stock									438	I	By Benefit Plan Trust	
Common Stock									10,494	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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# required to respond unless the form displays a currently valid OMB control number.

# 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)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3.		ate	7. Title Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Robinson Scott J. 1400 WEST 94TH STREET BLOOMINGTON, MN 55413			Senior Vice President					
Signatures								
Amy C. Becker, Attorney-in-fact for Scott								
Robinson			02/13/2019					
**Signature of Reporting P	erson		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).

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.