Edgar Filing: CASSADAY JOHN M - Form 4

| CASSADAY | JOHN M | | | | | | | | | | | |
|---|-------------------------------------|---------------------|--|--|---|--|--|--|--|---|--|--|
| Form 4 | 2012 | | | | | | | | | | | |
| November 19 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE (Washington, D.C. 20549 | | | | | COMMISSION | | APPROVAL 3235-028 | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| CASSADAY JOHN M Symbol | | | r Name and Ticker or Trading OCORP [SYY] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Month/I | | | 3. Date of (Month/Da 11/15/20 | - | nsaction | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | | |
| HOUSTON, | TX 77077 | | | | | | | Form filed by I Person | More than One Ro | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, | l (A) o l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 11/15/2012 | | | Code V A | Amount 5,341 (1) | (D) A | Price \$ 0 (2) | (Instr. 3 and 4) 44,559.8 | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | ionNumber Exp of (Me | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|-------------------------|-----|-------------------------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CASSADAY JOHN M 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Russell T. Libby, attorney-in-fact | | 11/19/2012 | 2 | | | | | |

<u>**</u>Signature of Reporting 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) This grant shall vest on the first anniversary of the grant date.
- (2) Represents restricted stock issued pursuant to the 2009 Non-Employee Directors Stock Plan.

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.