FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | hurden | | | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | nd Address of <u>er Kevin</u> | Reporting Person* | | | | | | | | or Tradir C. [CN | | | | | (Ch | eck all applic | able) r | 10% Owner e title Other (specify | | | | |
|---|---|--|--|------------|---|---|---|-------|-----------------------------------|--------------------------------------|------|---------------------|--|----------|---|---|--|--|--|--|--|--|
| (Last) 20 S. WA | (Fi ACKER DR | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2015 | | | | | | | | | | below) | | below) formationOfficer | | | | |
| (Street) CHICAC | | | 60606 (Zip) | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | Y) X Form f Form f | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oily) | (0) | | | n-Deri | vativ | - So | curit | ίος Δ | cai | uired F |)ier | n head o | f or | Ren | eficial | ly Owner | <u> </u> | | | | | |
| 1. Title of Security (Instr. 3) 2. To Date | | | 2. Tran | ransaction | | 2A. Deemed Execution Date, | | e, | 3. Transaction Code (Instr. | | | | | i (A) or | 5. Amou Securitie Benefici Owned I | nt of es ally Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | r Indirect Estr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | | | | | | | | Instr. 4) | | | | | | | | | | | | |
| Common | Common Stock Class A | | | | 7/201 | 7/2015 | | | | М | | 4,500 | | A | \$50.3 | 9 39 | 0,026 | | D | | | |
| Common | Stock Clas | s A | | 05/2 | 7/201 | 5 | | | | S | | 4,500 | | D | \$94.0 | 2 34 | ,526 | | | | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | Date Exer piration D onth/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e C s F ully C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration vate | Title | | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock Option (right to | \$50.39 | 05/27/2015 | | | M | | | 4,500 | 06/ | /15/2010 ⁽¹ | 0 | 6/15/2015 | Comr Stoo Class | ck | 4,500 | \$0.0 | 0 | | D | | | |

Explanation of Responses:

1. On June 15, 2010, these options vested with respect to 100% of the granted number of shares covered by the option.

By: Margaret Austin Wright 05/28/2015 For: Kevin Kometer

** 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.