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. See Instruction 1(b). | ATE |
|---|-----|
| | |

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| | ame and Address of Reporting Person* <u>essner Kyle M</u> | | | | | | | | | | ig Symbol <mark>S INC</mark> [Т | XN] | | (Check | all applic | cable) or | g Pers | on(s) to Issu 10% Ow | ner |
|---|---|--|-----------------------------------|------------------------------------|------------------------------|---|---|--------|---|---------------|-------------------------------------|---|--------------------------------|--------------------------|--|--|---|--|---------------------------------------|
| (Last) 12500 TI | (Fi | irst) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2019 | | | | | | | | X | Officer (give title Other (specify below) Sr. Vice President | | | | респу |
| (Street) DALLAS (City) | | | 75243 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable c) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - | Non-Deri | ivativ | e Sec | urit | ties A | cquir | red, D | isposed o | of, or E | Benefic | cially (| Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transact Date (Month/Day | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Benefic Owned | | es ially Following | Form (D) o | r Indirect I r Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common | Stock | | | 07/25/2 | 019 | | | | M | | 27,183 | A | \$44 | .09 | 75,715 D | | | | |
| Common | Stock | | | 07/25/2 | 019 | | | | S | | 27,183 | D | \$127.8 | 3277 ⁽¹⁾ | ⁾ 48,532 D | | | | |
| | | 7 | Гable | | | | | | • | • | sposed of , converti | • | | - | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | eemed tion Date, n/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | ode V | | (D) | Date Exer | e rcisable | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| NQ Stock Option (Right to | \$44.09 | 07/25/2019 | | | M | | | 27,183 | | (2) | 01/23/2024 | Commo Stock | | 183 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. The price in Table 1 is a weighted average sale price. The sales were at prices ranging from \$127.72 to \$127.92. The Issuer undertakes to provide upon request a detailed breakout of the sale prices and the number of shares sold at each price.
- 2. The option became exercisable in four equal annual installments beginning on January 23, 2015.

/s/ Muriel C. McFarling, Attorney in Fact

07/29/2019

** Signature of Reporting Person

Date

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.