Ferrari Sharon

Form 3

June 22, 201 FORN	TED STATES	FIES AND EXCHANGE COMMISSION ington, D.C. 20549			OMB APPROVAL				
	File	NITIAL STA d pursuant to n 17(a) of the 30(h)	TEMENT O SE Section 16(a)	F BENE	FICIAL O ES curities Exe Company	change Act of Act of 1935	of 1934,	Number: Expires: Estimated a burden hour response	
Print or Type I	Responses)								
1. Name and Address of Reporting Person <u>*</u> Ferrari Sharon			Date of Event Ratement (onth/Day/Year) (/13/2018	A [/	BERDEEN AOD]	N TOTAL D'	DIVIDENI		
(Last)	(First)	(Middle)						Amendment, Date Original (Month/Day/Year)	
1735 MARI STREET,Â		OR			(Check all applicable)				
PHILADEL	(Street) PHIA, PA	19103				10% Ov Other (specify below nt Treasurer	Filing) _X_Fo Person Fo	vidual or Joint (Check Applicat orm filed by One rm filed by Mor ing Person	ble Line) Reporting
(City)	(State)	(Zip)	Tab	ole I - Noi	n-Derivativ	ve Securities	Beneficia	ally Owned	
1.Title of Secu (Instr. 4)	rity			mount of Se eficially Ow r. 4)	vned	Ownership C	Nature of I Ownership Instr. 5)	indirect Benefi	cial
Reminder: Rep owned directly		te line for each c	lass of securities	beneficiall	y se	C 1473 (7-02)			
	Persor inform require	as who respon ation containe ed to respond u tly valid OMB o	d in this form unless the form	are not m displays	s a				
]	Fable II - Deri	vative Securities	s Beneficially O	wned (<i>e.g.</i> ,	puts, calls, w	varrants, optio	ns, converti	ble securities)	
1. Title of Derivative Security (Instr. 4)		Expiratio	2. Date Exercisable and Expiration Date (Month/Day/Year)		l Amount of Underlying Security	Conversion or Exercise Price of	5. Ownership Form of Derivative	(Instr. 5)	
		Date Exercisat	Expiration le Date	Title	Amount or Number of	Security	Security: Direct (D	*	

Shares

or Indirect

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ferrari Sharon 1735 MARKET STREET 32ND FLOOR PHILADELPHIA, PA 19103	Â	Â	Assistant Treasurer	Â			
Signatures							
Robert Hepp as Attorney-in-Fact Ferrari	for Sharo	on 06/22/2018					

**Signature of Reporting Person Date

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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.