## Edgar Filing: Greathouse Steven Robert - Form 4

Greathouse S	Steven Robert										
Form 4											
January 26, 2	2018										
FORM	14										PPROVAL
	UNIII	ED STATE				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287
Check thi if no long										Expires:	January 31,
subject to		EMENT (	<b>DF CHAN</b>	GES IN	N B	ENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average
Section 1				SECU	RI	TIES				burden hou	
Form 4 or							_			response	0.5
Form 5 obligation	20	<b>^</b>							ge Act of 1934,		
may cont				•		•			f 1935 or Sectio	n	
<i>See</i> Instru 1(b).	action	30(h	a) of the Inv	vestmer	nt C	Company	y Act	of 19	40		
(Print or Type F	Responses)										
	ddress of Report Steven Rober		Symbol			Ficker or 7		g	5. Relationship of Issuer	f Reporting Per	son(s) to
			CONSO LAND (			O TOMO	OKA		(Cheo	ck all applicable	e)
(Last)	(First)	(Middle)	3. Date of		Trai	nsaction			Director X Officer (give		b Owner er (specify
8 LIONS HI	EAD DRIVE		(Month/D 01/24/20	-					below)	below)	
	(Street)		4. If Amer	ndment, I	Date	e Original			6. Individual or Jo	oint/Group Filii	ng(Check
			Filed(Mon	th/Day/Ye	ear)				Applicable Line) _X_ Form filed by	One Reporting Pe	erson
ORMOND	BEACH, FL 3	32174							Form filed by M Person	More than One Re	eporting
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned
1.Title of	2. Transaction			3.		4. Securi			5. Amount of	6. Ownership	
Security (Instr. 3)	(Month/Day/Y		tion Date, if		ctio	nAcquired			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial
(IIIsu: 5)		any (Montl	Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership
			•						Following	(Instr. 4)	(Instr. 4)
							(A)		Reported Transaction(s)		
							or		(Instr. 3 and 4)		
Comment				Code	V	Amount	(D)	Price	(		
Common Stock	01/24/2018			А		1,808 (1)	А	\$0	11,618 <u>(2)</u>	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)

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)	Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) ve es d		7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Greathouse Steven Robert 8 LIONS HEAD DRIVE ORMOND BEACH, FL 32174	Sr. VPInvestments								
Signatures									
/s/ Daniel E. Smith, attorney-in- Greathouse	01/26/2018								
<u>**</u> Signature of Report		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).

Restricted shares one-third of which vest on each of the first, second and third anniversaries of January 28, 2018, provided that the reporting person is an employee of the Issuer on those dates. The fair market value of the common stock on the date of the grant was

- (1) Reporting person is an employee of the issuer on those dates. The fair market value of the common stock on each vesting date.
- (2) This amount includes the 1,808 restricted shares reported above, as well as 5,000 additional shares of restricted common stock which vest over time, and 1,500 shares of restricted common stock which vest based on share price appreciation.

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.