#### Edgar Filing: Crowley J Samuel - Form 4

Form 4 March 20, 20												
									OMB AF	PROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this box				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires:January 31Estimated averageburden hours perresponse0.5				
Form 5 obligations may continue.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 1(b).												
(Print or Type R	Responses)											
Crowley J Samuel Symbol UNITE			Issuer			-	o of Reporting Person(s) to					
			UNITE CORP [	O STATE USM]	S CELL	ULA	AR (Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/D 8410 WEST BRYN MAWR ST., 03/20/20 STE. 700			below)					Owner er (specify				
			ndment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon CHICAGO, IL 60631				_X_ Fo				Form filed by M	Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any		3. Transactic Code	4. Securi n(A) or Di (Instr. 3,	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Shares	03/20/2019			S	2,115	D	\$ 47.39	4,648	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)

### **Reporting Owners**

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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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
Crowley J Samuel 8410 WEST BRYN MAWR ST., STE. 700 CHICAGO, IL 60631	Х							
Signatures								
Julie D. Mathews, by power 03 of atty	/20/2019							
<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).

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.