Edgar Filing: JOBE WARREN Y - Form 4

IODE WADDEN V

| Form 4 | | | | | | | | | | | | |
|--|---|--|---|--|------|---------------|----------------|---|--|------------------------|------------|--|
| February 01, 2012 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMP Washington, D.C. 20549 | | | | | | COMMISSION | - | PROVAL 3235-0287 | | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed purs Section 17(a | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | | burden hou response | January 31 | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| JOBE WARREN Y Symbol | | | | r Name and Ticker or Trading POINT, INC [WLP] | | | | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month | | | Month/Da | Date of Earliest Transaction Month/Day/Year) 1/30/2012 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | | Zip) | Table | I - Nor | 1-De | erivative S | ecurit | ties Acc | Person quired, Disposed of | f. or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | I.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | | | r) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | | |
| Common Stock | 01/30/2012 | | | Code G | | Amount 200 | or (D) D | Price \$ 0 | (Instr. 3 and 4) 7,860 | 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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exer Expiration D | | 7. Title and Amount of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|--------------------------------------|-------------------------|--------------------|---|------------------------------|--------------------|---|------------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | • | any (Month/Day/Year) | Code (Instr. 8) | of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | s I | Year) | Underlying Securities (Instr. 3 and | Security (Instr. 5) 4) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title Amou or Numb of Shares | ber | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| i o | Director | 10% Owner | Officer | Other | | | |
| JOBE WARREN Y 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Kathleen S. Kiefer, Attorney in fact | y 02/01/2012 | | | | | | |
| **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.