| SEC Form 4 |  |
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer | r subiect to |
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| Section 16. Form 4 or Form  |              |
| obligations may continue.   | See          |
| Instruction 1(b).           |              |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |

| hours per response:     | 0.5 |
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| Eounatou avoiago baraon |     |

| 1. Name and Addres<br><u>Nash Sarah E</u> | s of Reporting Perso   | n*          |                                            | er Name <b>and</b> Ticke<br>CKBAUD IN   |                                   | ,                   |                                                             | tionship of Reportin<br>all applicable)<br>Director | 0 ()           | o Issuer<br>6 Owner                    |  |
|-------------------------------------------|------------------------|-------------|--------------------------------------------|-----------------------------------------|-----------------------------------|---------------------|-------------------------------------------------------------|-----------------------------------------------------|----------------|----------------------------------------|--|
| (Last)<br>2000 DANIEL IS                  | (First)<br>SLAND DRIVE | (Middle)    | 3. Date<br>07/01/                          | of Earliest Transac<br>2015             | ction (Month/D                    | bay/Year)           |                                                             | Officer (give title below)                          | Other<br>below | (specify<br>)                          |  |
| ,                                         |                        |             | 4. If Am                                   | nendment, Date of (                     | Original Filed                    | (Month/Day/Year)    | 6. Individual or Joint/Group Filing (Check Applicable Line) |                                                     |                |                                        |  |
| (Street)<br>CHARLESTON                    | SC                     | 29492       |                                            |                                         |                                   |                     | X                                                           | Form filed by One<br>Form filed by Mo<br>Person     |                |                                        |  |
| (City)                                    | (State)                | (Zip)       |                                            |                                         |                                   |                     |                                                             | P erson                                             |                |                                        |  |
|                                           | Та                     | ble I - Non | -Derivative S                              | ecurities Acqu                          | uired, Disp                       | oosed of, or Benefi | cially                                                      | Owned                                               |                |                                        |  |
| 1. Title of Security (                    | Instr. 3)              |             | 2. Transaction<br>Date<br>(Month/Dav/Year) | 2A. Deemed<br>Execution Date,<br>if any | 3.<br>Transaction<br>Code (Instr. |                     |                                                             |                                                     |                | 7. Nature<br>of Indirect<br>Beneficial |  |

|              | (Month/Day/Year) | if any<br>(Month/Day/Year) | Code (<br>8) |   | 5)                 |               |        | Beneficially<br>Owned Following<br>Reported | (D) or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|--------------|------------------|----------------------------|--------------|---|--------------------|---------------|--------|---------------------------------------------|-----------------------------------|---------------------------------------|
|              |                  |                            | Code         | v | Amount             | (A) or<br>(D) | Price  | Transaction(s)<br>(Instr. 3 and 4)          |                                   | (1150.4)                              |
| Common Stock | 07/01/2015       |                            | A            |   | 116 <sup>(1)</sup> | A             | \$0.00 | 19,511                                      | D                                 |                                       |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2 Transaction
24 Deemed
4 Number of Dete Eversisable and J. Title and

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction<br>Code (Instr.<br>8) |   | of  |     | Expiration Date<br>(Month/Day/Year) |                    | 7. Title<br>Amour<br>Securi<br>Underl<br>Deriva<br>Securi<br>and 4) | nt of<br>ties<br>ying<br>tive<br>ty (Instr. 3 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------|---|-----|-----|-------------------------------------|--------------------|---------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                     |                                                                       |                                            |                                                             | Code                              | v | (A) | (D) | Date<br>Exercisable                 | Expiration<br>Date | Title                                                               | Amount<br>or<br>Number<br>of<br>Shares        |                                                     |                                                                                                                            |                                                                          |                                                                    |

Explanation of Responses:

1. Represents a fully vested restricted stock award granted in lieu of cash compensation for services to be rendered by the Reporting Person as a member of the Board of Directors for the third quarter of 2015.

| <u>/s/ Donald R. Reynolds,</u> |
|--------------------------------|
| Attorney-in-Fact               |

01/21/2016

\*\* 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.