FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 3, 4 8) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|--|--------------|-------------|--|---|--|--|--|---|----|--|---|--|
| | T | able I - No | n-Derivative S | Securities Acq | uired, Dis | posed of, or Benefi | cially | Owned | | Person(s) to Issuer 10% Owner Other (specify below) Filing (Check Applicable Reporting Person than One Reporting 7. Nature of Indirect Beneficial | | |
| (City) | (State) | (Zip) | | | | | | 1 0.0011 | | | | |
| (Street) MORRISVILLE | NC | 27560 | | | - | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | son | |
| | | | | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Last) 170 SOUTHPOR | (First) | (Middle) | | e of Earliest Transa 1/2017 | ection (Month/ | Day/Year) | below) below) | | | | | |
| 1. Name and Addres <u>CASAMENT</u> | | | | uer Name and Ticke ARLES & CC | | Symbol LTD [CTHR] | | all applicable Director | e) | 10% (| Owner | |
| obligations may c Instruction 1(b). | ontinue. See | | | nt to Section 16(a) ction 30(h) of the In | | es Exchange Act of 1934 mpany Act of 1940 | | | | | 0.5 | |

Ownership (Instr. 4) Reported (A) or (D) Transaction(s) Code Amount Price (Instr. 3 and 4) 11/21/2017 20,600 \$1.2278 20,600 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | (e.g., p | outs, c | alis, | warr | ants, | options, | convertib | ie se | curities) | | | | |
|---|---|--|---|---------|--|------|----------------------|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (| Transaction of Code (Instr. 8) Sc Ac (A Di of | | osed) :. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Common stock

/s/ Clint J. Pete, Attorney-In-

Fact

** Signature of Reporting Person

Date

11/21/2017

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.