### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Gibson Jar		Reporting Person *						er or Tradir [SYNL]	g Symbol	l	5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 4658 MCI		(First) ROAD	(Middle) 3		Ear	liest T		tion (Montl	n/Day/Yea	ar)		Director X Officer (give			Owner er (specify beloary	ow)
ADIGONI	TN 1 272 02	(Street)					ate Or	iginal Filed	Month/Day/	/Year)		. Individual or K_ Form filed by C _ Form filed by M	One Reporting	Person	Applicable Li	ne)
APISON, (City)		(State)	(Zip)				Tabla	I - Non-De	rivativa (	Sacurit	ies Acquire	ed, Disposed o			ad	
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)		n Da	ate, if	3. Tra Code (Instr	ansaction	4. Securit (A) or Di (Instr. 3,	ties Acc	quired 5. O Ti	. Amount of S Owned Followi ransaction(s)	ecurities Be	eneficially	6. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/I	Day/	Year)	Со	de V	Amount	(A) or (D)	Price	Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	
Common S	Stock		05/08/2019				F	7	578	D	\$ 18.07 3	3,133			D	
Common S	Stock										7	,076			I	401(k) Trust
Common S	Stock										1	,896			I	IRA
	2.	3. Transaction				ills, wa		in thi a cur quired, Dis	s form a rently va posed of, convertib	re not alid ON , or Ben ole secu	required to the second to the	wned	inless the	form displ	ays	1474 (9-02)
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	4. Transac Code	s, ca	5. Num of Deri	arrant  aber  vative	in thi	posed of, convertibercisable and Date	re not alid ON , or Ben ole secu	required to the control neficially Orderities)  7. Title and	to respond und number.  wned  d Amount of g Securities	8. Price of	form displ	of 10. Owners Form o Derivat Security Direct ( or Indir	ship of India f Benefic ive Owners (Instr. 4
Title of     Derivative     Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	s, ca	5. Num of Deriv Secu Acqu (A) C Disp of (Inst: 4, an	arrant  aber  vative	in this a cur quired, Dis s, options, 6. Date Ex Expiration	s form a rently va posed of, convertibe ercisable : Date py/Year)	re not hild OM , or Ben ble secu and	required to the control of the contr	to respond und number.  wned  d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Securit: Direct ( or Indir (s) (I)	ship of India f Benefic ive Owners (Instr. 4
Title of     Derivative     Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	(e.g., puts) 4. Transac Code (Instr. 8	s, ca	5. Num of Deriv Secu Acqu (A) C Disp of (Inst: 4, an	arrant aber vative vities aired or osed o) r. 3, d 5)	quired, Diss, options, 6. Date Ex Expiration (Month/Da	s form a rently va posed of, convertibe ercisable : Date py/Year)	re not hild OM or Ben ble seculand	required to the control of the contr	d Amount of g Securities ad 4)  Amount or Number	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Securit: Direct ( or Indir (s) (I)	ship of India f Benefic ive Owners (Instr. 4

#### **Reporting Owners**

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Gibson James G 4658 MCDONALD ROAD APISON, TN 37302			President of Subsidiary	

#### **Signatures**

Sarah M. Cunningham, Power of Attorney for James G. Gibson	05/10/2019
**Signature of Reporting Person	Date
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## **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)
- (1) Options vest in equal installments of 20% beginning one year from date of grant.

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.