FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.O. 20040 | OMB APPROVAL | | | |
|--|--------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | | |
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| OMB Number: | 3235-028 |
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| Estimated average burde | en |
| hours per response: | 0.1 |

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

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

| | | | | | | | | ` ' | | | | | | | | | | | |
|--|---|--|---|---------------|---|---|-----------|------------------------|---|----------|--|--|----------------|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* GARNSEY JOHN MCD | | | | | | | | ker or Trad SINC [| | | | eck all applic Directo | cable) or | g Pers | Person(s) to Issuer 10% Owner | | | | |
| (Last) 137 BEN | (F NCHMARK | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2005 | | | | | | | | 7 | below) | Officer (give title below) SVP, COO - | | Other (s below) ver Creek | вреспу - | |
| (Street) AVON | | | 81620 | | 4. 1 | If Ame | endme | nt, Date o | f Original Filed (Month/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 Person | | | | |
| (City) | (S | tate) | (Zip) ole I - Nor | -Deriv | /ativ | e Se | curit | ties Ac | nuired | Die | nosed o | of or l | Sene | ficiall | v Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | 2. Trans | . Transaction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | 5. Amour Securitie Beneficia Owned F | nt of es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A (E |) or) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock | | 06/1 | 4/2005 | | | | М | | 19,60 | 19,600 A | | \$ <mark>0</mark> | 19, | 19,600 | | D | | | |
| Common Stock | | 06/14 | 06/14/2005 | | | | M | | 17,80 | 17,800 | | \$ <mark>0</mark> | 37, | 37,400 | | D | | | |
| Common Stock | | 06/14 | 06/14/2005 | | | | M | | 2,600 | 2,600 A | | \$ <mark>0</mark> | 40,000 | | D | | | | |
| Common Stock 06/1 | | | 06/14 | 4/200 | 4/2005 | | M | | 40,000 D | | \$0 | 0 | | D | | | | | |
| | | | Table II - | | | | | | | | osed of, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | 5. Number | | 6. Date Exercis. Expiration Date (Month/Day/Yea | | 9 | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form Direct or Inc. (I) (In Inc.) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or No of | umber | | | | | |
| Option to Purchase | \$17.335 | 06/14/2005 | | | M | | | 2,600 | 12/09/200 | 3 | 12/09/2012 | Comm | | ,600 | \$0 | 17,400 | 0 | D | |
| Option to Purchase | \$13.8 | 06/14/2005 | | | M | | | 17,800 | 09/26/200 | 2 | 09/26/2011 | Comm | | 7,800 | \$0 | 0 | | D | |
| Option to | \$18.5 | 06/14/2005 | | | M | | | 19,600 | 05/17/200 | 0 (| 07/15/2009 | Comm | | 9,600 | \$0 | 0 | | D | |

Explanation of Responses:

Remarks:

John McD. Garnsey

06/14/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).