FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|

OMB APPROVAL

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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

| | NA Address of | ALD J | | | | | | | <u>USTRII</u> | | | OWL] | | | k all appli | cable) | y rei: | 10% O | | | |
|---|---|--|---|--|--|---|---|-------------------------------------|---|--|--------------------|--|---------------------------------------|------------------------------------|---|---|---|--|---------------------------------------|--|--|
| (Last) | ` | irst) | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2008 | | | | | | | | Officer below) | (give title | | Other (below) | specify | | |
| | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) MEDIN | A T | X | 78055 | | | | | | | | | | .ine) X | Form filed by One Reporting Person | | | | n | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Repor Person | | | orting | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri\ | /ative | e Se | curit | ies A | cquired, | Dis | posed o | of, or B | enefici | ally | Owned | <u>t</u> | | | | | |
| Diam's, (man) | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | Code V | | Amount (A) or (D) | | rice Report Transa (Instr. : | | tion(s) | | | (Instr. 4) | | |
| Common Stock | | | 06/02 | 2/2008 | | | | М | | 2,000 | 2,000 A | | 5.1 | 22,150(1) | | | D | | | | |
| Common | ommon Stock | | 06/02 | 02/2008 | | | | М | | 2,000 A \$ | | \$16 | 5.48 | 3 24,150(1) | | D | | | | | |
| Common Stock | | | 06/02 | 2/2008 | | | S | | 4,000 D S | | \$53 | 3.72 | 20,150(1) | | D | | | | | | |
| | | 7 | able II - | | | | | | uired, [s, optio | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | S (I | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | | |
| Stock Options | \$15.1 | 06/02/2008 | | | M | | | 2,000 | 06/25/200 | 04 0 | 06/25/2011 | Common Stock | 2,000 | | \$15.1 | 0 | | D | | | |
| Stock Options | \$16.48 | 06/02/2008 | | | M | | | 2,000 | 06/24/200 | 05 0 | 6/24/2012 | Common | 2,00 | | \$16.48 | 0 | | D | | | |

Explanation of Responses:

1. Includes 3,000 shares of restricted stock that have time-based vesting provisions.

Remarks:

Don R. Madison, Power of Attorney for Stephen W. Seale, 06/04/2008 Jr.

** 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.