FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| heck this box if no longer subject to |
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| ection 16. Form 4 or Form 5 |
| oligations may continue. See |
| atrustian 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| haiira nar raananaa. | 0.5 | | | | | | | | |

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* POWELL THOMAS W | | | | | | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|---|--|-------------|--|---|----|---|-----|--|--|--------------------|--|--------------------------|---------------------|---------------------|---|---|--|--|--|----------|------------|
| (Last) | Loot) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2017 | | | | | | | | | | Offic below | er (give title | X | | (specify | |
| (Street) HOUSTO | | TX (Stat | | 77217 Zip) | | 4. If | Am | mendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Forn | n filed by One n filed by Mor | ng (Check Applicable porting Person an One Reporting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | | r) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | |) or 5. 4 and Se | | 5. Amount of Securities Beneficially Owned Following | | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | | v | Amount | | (A) or (D) | | Reported Transactio (Instr. 3 an | | ction(s) | | | (Instr. 4) |
| Common Stock | | | 02/22/2017 | | | 02/22/2017 | | A | | 1,000 | 1) | Α | \$(| 0.01 7 | | 9,022 ⁽²⁾ | | D | | | |
| Common Stock | | | 02/22/2017 | | | 02/22/2017 | | A | | 1,000(| 3) | Α | \$(| \$0.01 7 | | 0,022(4) | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 1,798,628 | | Ι | Held in TWP Holdings | | |
| Common Stock | | | | | | | | | | | | | | 26,605 | | 6,605 | I | | Held in TWP Trust | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of | | 6. Date Exercis Expiration Date (Month/Day/Ye: | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | of s ig | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe D or (I) | 0. wwnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | | (A) | (D) | | | Expiration Date | Titl | Amoun or Numbe of Shares | | | | | | | | | |

Explanation of Responses:

- 1. Common stock granted under the Company's Non-Employee Director Equity Incentive Plan.
- 2. Includes 1,000 shares of restricted stock that have time-based vesting provisions.
- 3. Restricted common stock granted under the Company's Non-Employee Director Equity Incentive Plan that vests 100% on the earlier of the first anniversary from the date of the grant or the 2018 Annual Stockholder Meeting.
- ${\it 4. Includes 2,} 000 \ shares \ of \ restricted \ stock \ that \ have \ time-based \ vesting \ provisions.$

Remarks:

Don R. Madison, Power of Attorney for Thomas W.

03/01/2017

** 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.