### Edgar Filing: SCALF THOMAS R - Form 4

| SCALF THO   | MAS R                   |             |  |   |             |        |  |   |   |                             |  |  |
|---|-------------------------|-------------|--|---|-------------|--------|--|---|---|-----------------------------|--|--|
| Form 4  | 010                     |             |  |   |             |        |  |   |   |                             |  |  |
| October 18, 2   |                         |             |  |   |             |        |  |   |   |                             |  |  |
| FORM  | <b>4</b> UNITE          | D STATES    |  |   |             |        | NGE C  | OMMISSION   | OMB   | PROVAL<br>3235-0287         |  |  |
| Check this  | s box                   |             | vv as  | shington,                               | D.C. 20:    | 549    |  |   | Number:   | January 31,                 |  |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or  |                         |             |  | IGES IN<br>SECUR                        |             | CIA    | L OWI  | NERSHIP OF  | Expires:<br>Estimated a<br>burden hour<br>response                | 2005<br>verage              |  |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).   | $\frac{1}{1}$ Section 1 | 7(a) of the | Public U   |   | ling Com    | ipany  | Act of   | e Act of 1934,<br>1935 or Section<br>0  | 1   |                             |  |  |
| (Print or Type R  | esponses)               |             |  |   |             |        |  |   |   |                             |  |  |
| SCALF THOMAS R Sy   |                         |             | Symbol   | r Name <b>and</b><br>LDSON C            |             |        | -  | 5. Relationship of Reporting Person(s) to<br>Issuer   |   |                             |  |  |
| (Last)  | (First)                 | (Middle)    | 3. Date of Earliest Transaction  |   |             |        | (Check all applicable)   |   |   |                             |  |  |
| (Mo   |                         |             | (Month/E<br>10/16/2  | -                                       |             |        |  | Director 10% Owner<br>X Officer (give title Other (specify<br>below)<br>Senior Vice President   |   |                             |  |  |
|   |                         |             |  | endment, Date Original<br>nth/Day/Year) |             |        |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |   |                             |  |  |
| BLOOMING  | GTON, MN 55             | 431-2303    |  |   |             |        |  | Person  |   | porting                     |  |  |
| (City)  | (State)                 | (Zip)       | Tabl   | le I - Non-D                            | erivative S | Securi | ities Acq  | uired, Disposed of  | , or Beneficial   | ly Owned                    |  |  |
| 1.Title of<br>Security<br>(Instr. 3)<br>2. Transaction Date 2A. Deemed<br>(Month/Day/Year)<br>2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |                         |             | 3. 4. Securities Acquired<br>Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>or<br>Code V Amount (D) Price |   |             |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                             |  |  |
| Common<br>Stock   | 10/16/2018              |             |  | A                                       | 13.248      | A      | \$<br>53.42  | 2,285   | Ι   | By<br>Benefit<br>Plan Trust |  |  |
| Common<br>Stock   |                         |             |  |   |             |        |  | 6,490   | I   | By<br>Benefit<br>Plan Trust |  |  |
| Common<br>Stock   |                         |             |  |   |             |        |  | 11,453  | D   |                             |  |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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# required to respond unless the form displays a currently valid OMB control number.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.  | 6. Date Exerc       |                    | 7. Title  |              | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|---|---------------------|--------------------|-----------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onNumber                                      | Expiration D        | ate                | Amour     | nt of        | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of  | (Month/Day/         | Year)              | Underl    | ying         | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative                                    | e                   |                    | Securit   | ies          | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities                                    |                     |                    | (Instr. 3 | 3 and 4)     |             | Owne   |
|             | Security    |                     |                    |            | Acquired                                      |                     |                    |           |              |             | Follo  |
|             | •           |                     |                    |            | (A) or  |                     |                    |           |              |             | Repo   |
|             |             |                     |                    |            | Disposed                                      |                     |                    |           |              |             | Trans  |
|             |             |                     |                    |            | of (D)  |                     |                    |           |              |             | (Instr |
|             |             |                     |                    |            | (Instr. 3,                                    |                     |                    |           |              |             |        |
|             |             |                     |                    |            | 4, and 5)                                     |                     |                    |           |              |             |        |
|             |             |                     |                    |            | . ,   |                     |                    |           |              |             |        |
|             |             |                     |                    |            |   |                     |                    |           | Amount       |             |        |
|             |             |                     |                    |            |   | Date                | Expiration         |           | or           |             |        |
|             |             |                     |                    |            |   |                     | *                  |           |              |             |        |
|             |             |                     |                    |            |   | Literensuble        | Duit               |           |              |             |        |
|             |             |                     |                    | Code V     | (A) (D)                                       |                     |                    | :         | Shares       |             |        |
|             |             |                     |                    |            |   |                     |                    |           |              |             |        |
|             |             |                     |                    | Code V     | Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | Date<br>Exercisable | Expiration<br>Date | Title     | Number<br>of |             | Trans  |

### **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                       |       |  |  |  |  |
|---|---------------|-----------|-----------------------|-------|--|--|--|--|
|   | Director      | 10% Owner | Officer               | Other |  |  |  |  |
| SCALF THOMAS R<br>1400 WEST 94TH STREET<br>BLOOMINGTON, MN 55431-2303 |               |           | Senior Vice President |       |  |  |  |  |
| Signatures  |               |           |                       |       |  |  |  |  |
| Amy C. Becker, Attorney-in-fact for Thomas R.                         |               |           |                       |       |  |  |  |  |
| Scalf   |               |           | 10/18/2018            |       |  |  |  |  |
| **Signature of Reporting Person                                       |               |           | Date                  |       |  |  |  |  |
| <b>Explanation of Respo</b>   | onses         | 51        |                       |       |  |  |  |  |

\* 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. 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.