FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

l	OIVID APPRO	JVAL
	OMB Number:	3235-0287
l	Estimated average burd	len
l	hours per response:	0.5

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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

					01 .	Section	11 30(11)	or tire	iiivesii	Herit C	Julipariy Act	01 1940							
		Reporting Person* ESTMENT L	ıc								g Symbol <u>INC.</u> [R	SG]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CHOCHELITY BOTTMENT EBC												Direc	ctor	X	10% C	wner			
(Last) 2365 CA	(Fii RILLON P	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (s below)													
(Street) KIRKLA (City)			9 <mark>8033</mark> Zip)		- 4. If	f Amer	ndment,	Date	of Origi	inal Fil	led (Month/Da	ay/Year)		6. Indiv Line) X	Forn	r Joint/Group n filed by One n filed by Mor on	e Repo	ting Pers	on
		Tabl	e I - I	Non-Deriv	/ative	Sec	uritie	s Ac	quire	d, D	isposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		ite,	3. Transaction Code (Instr. 8)					nd 5) Sec Ben Owr		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported (I Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			08/28/20	014		P 41,081 A \$39.2644 [©]					544 ⁽¹⁾	102,079,941			D			
		Та	ble II								posed of, convertib			-	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, th/Day/Year)		5. Number of Derivative Securitie Acquired (A) or Disposet of (D) (Instr. 3, and 5)		ative rities ired osed	Expiration e (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Seci (Inst	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	wnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC																			

1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC								
(Last)	(First)	(Middle)						
2365 CARILLON I	POINT							
(Street) KIRKLAND	WA	98033						
——————————————————————————————————————								
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* GATES WILLIAM H III								
(Last)	(First)	(Middle)						
ONE MICROSO								
(Street)								
REDMOND	WA	98052						
(City)	(State)	(Zip)						

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$39.1850 to \$39.3250. The price set forth above reflects the weighted-average price per share. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

/s/ Cascade Investment, L.L.C. by Alan Heuberger as attorneyin-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

09/02/2014

Alan Heuberger, Attorney-in-

<u>fact</u>

** 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.