## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
hours per response:	0.5					

	ons may continion 1(b).	nue. See		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								hours	s per	response:	0.5			
		Reporting Person*	LC		2. Iss	uer Nar	me <b>and</b> Tic	ker or Tra	ading			J		elationshi eck all app Dired	olicable)	Ü	erson(s) to Is	
(Last) (First) (Middle) 2365 CARILLON POINT				3. Date of Earliest Transaction (Month/Day/Year) 11/13/2012								Offic below	er (give title w)			Other (specify below)		
(Street) KIRKLAND WA 98033 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable e)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person				on			
		Tabl	e I - No	n-Deriva	ative S	Secur	rities Ac	quired	, Dis	posed o	f, or	Benef	iciall	y Own	ed			
		Date (Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed C		es Acquired (A) or Of (D) (Instr. 3, 4 ar					Fo (D)	i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (I	A) or F	rice	Trans	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 11		11/13/	2012			P		8,140,55	52	A S	\$26.8 <sup>()</sup>	6.8 <sup>(1)</sup> 86,184,19			D			
		Та								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		n Date,	Transaction of		Expirati	e Exercisable and ation Date h/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		r. 3	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

Expiration Date

of Shares

Title

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

## **Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from \$26.70 to \$26.80. 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 attorney11/15/2012 in-fact for Michael Larson,

**Business Manager** 

/s/ William H. Gates III by 11/15/2012

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.