FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

heck this box if no longer subject to	
ection 16. Form 4 or Form 5	
oligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section obligat	this box if no lon 16. Form 4 or ions may contirtion 1(b).	Form 5	Sī		ed purs	suant 1	to Sectio	on 16	(a) of th	ie Seci	ENEFICIA urities Exchang Company Act	ge Act o		RSHIP	•	Estima	Number: ated average but per response:	3235-0287 den 0.5
1		Reporting Person [*] ESTMENT I	LC								ng Symbol <u>INC.</u> [RS	SG]		Check all	applicat Director	ole)		Owner
(Last) 2365 CA	(Fi RILLON P	,	Middle)		Date o		st Tra	nsactio	n (Mon	th/Day/Year)				Officer (gi elow)	ive title	Othe belov	r (specify v)
(Street) KIRKLA (City)			98033 Zip)		- 4. l [·] -	f Ame	ndment,	, Date	e of Orig	ginal Fi	led (Month/Da	ay/Year)		_ine) F X F	orm filed	d by One	Filing (Check Reporting Pe than One Re	rson
		Tab	e I -	Non-Deriv	/ative	e Se	curitie	s A	cquir	ed, D	isposed o	f, or E	Benefici	ially Ov	vned			
1. Title of \$	Security (Inst	r. 3)		2. Transaction Date (Month/Day)		Exec if any	eemed ution Da / th/Day/Y		3. Transa Code (8)		4. Securities A Disposed Of (5) Se Be O	Amount ecurities eneficiall wned Fol eported	у	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Tr	ansactio nstr. 3 an			(iiisti. 4)
Common	Stock			06/24/20	014				P		668,998	A	\$37.34	^{175⁽¹⁾}	92,531	,510	D	
		Ta	ıble I								posed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, th/Day/Year)	4. Transa Code 8)			rative rities ired r osed)	Expir (Mon	ate Exe ration I nth/Day		7. Title Amoun Securit Underl Derivat Securit and 4)	nt of ties ying	8. Price Derivati Security (Instr. 5	ve deri / Sec) Ben Owi Foll Rep Trar	umber o vative urities eficially ned owing orted nsaction tr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares					
1		Reporting Person* ESTMENT I	LC															
(Last) 2365 CA	RILLON P	(First)	(Middle)														
(Street)	AND	WA	9	98033														

(Last)	(First)	(Middle)	
2365 CARILLO	N POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Perso	on*	
		on* (Middle)	
GATES WILL	(First)		
(Last)	(First)		
(Last) ONE MICROSC	(First)		

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$37.2700 to \$37.4000. 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 attorney-06/26/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

06/26/2014

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.