FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

					OI 3	Section	1 30(11)	or trie	mvesum	ieni C	company Act	01 1940							
1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>											g Symbol <u>INC.</u> [R	SG]			k all app	p of Reportin plicable)		.,	
(Lact) (First) (Middle) 3. Date							3. Date of Earliest Transaction (Month/Day/Year) 08/22/2014								Offic below	er (give title	4	X 10% C Other below)	(specify
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	isposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date			2. Transacti Date (Month/Day		n 2A. Deemed Execution Date,		3. 4. Securit		4. Securities Disposed Of			5. Amo Securit Benefic Owned		icially d Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 08/22/201-				014	14		P		376,092	A	\$39.3	352 ⁽¹⁾ 100		0,863,098		D			
		Та	ble II								posed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, Transaction urity or Exercise (Month/Day/Year) if any Code (Instr.						Date Amount of			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>																			

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>								
(Last) 2365 CARILLON I	(First)	(Middle)						
2000 GIREDON FORM								
(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 \$39.2450 to \$39.4650. 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-08/26/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 08/26/2014

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.