FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	(-)				or	Sectio	n 30(h)	of the	e Inve	estment (Company Act	of 1940				•			,
		Reporting Person* ESTMENT L	<u>LC</u>								g Symbol <u>INC.</u> [R	SG]				p of Reporting plicable) ctor	g Persor X	10% C	
(Last) (First) (Middle) 08 2365 CARILLON POINT			Date of /14/2(st Trai	nsact	tion (Mon	th/Day/Year)				Office below	er (give title v)		Other below)	(specify			
(Street) KIRKLAND WA 98033 (City) (State) (Zip)				- 4. 11	4. 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 - I	Non-Deriv	ative	Sec	uritie	s A	cqu	ired, D	isposed o	f, or E	Benefic	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			- 1	Execution Date,			3. Transaction Code (Instr. 8)		4. Securities A		Beneficially Owned Foll		ities icially d Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect	7. Nature of Indirect Beneficial Ownership			
								Cod	le V	Amount	t (A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/14/201				14	.4			P		400,000	A \$38.9		777 ⁽¹⁾	99,027,519		Γ)		
		Та	ble I								posed of, convertib				vned				
L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security Instr. 3) 3. Transaction Date Execution Date if any (Month/Day/Year) (Month/Day/Year)		ution Date,	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pri Deriv Secu (Insti	ative rity	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)		ate xercisable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* ESTMENT L	LC																
(Last)		(First)	(Middle)															

1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC									
(Last)	(First)	(Middle)							
2365 CARILLON 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 \$38.8950 to \$39.0000. 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-08/18/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

08/18/2014

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.