## Edgar Filing: BIDZOS D JAMES - Form 4

BIDZOS D	JAMES										
Form 4											
January 22, 2											
FORM	14 united		SECU	DITIES A	ND EV		NCEC	OMMISSION		PROVAL	
		<b>J</b> SIAIES		shington,			INGE C	UNINII55IUN	OMB Number:	3235-0287	
Check th	is box		vv a	sinington,	<b>D.C. 2</b> 0	549				January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWN						<b>VERSHIP OF</b>	Expires. 2005				
subject to Section 1	0								Estimated average burden hours per		
Form 4 c									response 0.5		
Form 5							•	e Act of 1934,			
obligatio may con				•	•	· ·	•	1935 or Section	ı		
<i>See</i> Instr 1(b).		30(h)	of the In	ivestment	Compar	ny Ac	t of 1940	0			
(Print or Type	Responses)										
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of F         BIDZOS D JAMES       Symbol       Issuer						Reporting Pers	on(s) to				
2122002	Symbol VERIS	IGN INC/	CA IVR	SNI							
(Last)	(First)	(Middle)			-			(Check	c all applicable	)	
(Month/				Date of Earliest Transaction onth/Day/Year)				_X_ Director	10%	Owner	
			01/20/2	-				XOfficer (give titleOther (specify below)			
								· · · · · · · · · · · · · · · · · · ·	air., Pres. & Cl	EO	
(Street) 4. If A			4. If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M				nth/Day/Year	:)			Applicable Line)			
RESTON, V	VA 20190							_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative	Secur	ities Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Dat	te 2A. Deen	med 3. 4. Securities Acquired					5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	) Execution	ecution Date, if Transaction(A) or Disposed of				d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/F	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct B (D) or O	Beneficial Ownership	
		(Wond)/E	uy/icui)	(Insu: 0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Stock	01/20/2019			F <u>(1)</u>	659	D	ъ 164.44	802,231	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BIDZOS D JAMES 12061 BLUEMONT WAY RESTON, VA 20190	Х		Exec. Chair., Pres. & CEO				
Signatures							
Thomas C. Indelicarto, Attorne Bidzos	01/22/2019						
<u>**Signature of Repor</u>	Date						

## **Explanation of Responses:**

- \* 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).
- (1) Disposition of shares exempt under Rule 16b-3 as payment of tax liability to Company by delivery or withholding securities incident to vesting of restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.