Edgar Filing: Peterson Mark Alan - Form 4

Form 4	k Alan												
January 30, 20	019												
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							UNINIISSIUN	OMB Number:	3235-0287				
Check this if no longe		X											
subject to Section 16 Form 4 or	51AIEMI 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940													
(Print or Type Ro	esponses)												
Peterson Mark Alan Symbol			mbol	Name and Ticker or Trading OPERTIES [EPR]					5. Relationship of Reporting Person(s) to Issuer				
(Last)								(Check all applicable)					
909 WALNUT, SUITE 200 (Month/Da 01/29/20				ay/Year)					Director 10% Owner X Officer (give title Other (specify below) EVP & CFO				
				ndment, Date Original h/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
KANSAS CI	TY, MO 64106								Person	ore than One Re	porting		
(City)	(State) (Z	Zip)	Table	I - Non-	-De	rivative S	Securi	ties Acq	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	Code (Instr. 8	3)	4. Securi n(A) or Di (Instr. 3, Amount	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares of Beneficial Interest	01/29/2019			S <u>(1)</u>		3,575	D	\$ 72.02	60,962	I	Jill J Peterson & Mark A Peterson TTEES Jill J Peterson Rev. Trust U/T/A dated 3/1/06		

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	T:41-	or Number		
						Exercisable	Date	Title	Number		
				Cada V	(Λ) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Peterson Mark Alan 909 WALNUT SUITE 200 KANSAS CITY, MO 64106									
Signatures									
/s/ Felisha L. Parker, attorney-i Peterson		01/30/2019							
<u>**</u> Signature of Reporti		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) The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

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.