### Edgar Filing: SINEGAL JAMES D - Form 4

| SINEGAL JA<br>Form 4                                                                                  | AMES D                                         |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|-------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| October 24, 2                                                                                         | 2017                                           |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| FORM                                                                                                  | ITIES                                          | SAN                               | ND EXC                                                                           | THAN                                                                                        | NGE (         | COMMISSION                                        | OMB APPROVAL                                                                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| Was                                                                                                   |                                                |                                   |                                                                                  |                                                                                             |               | D.C. 205                                          |                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number:                                                              | 3235-0287                                                         |  |  |
| Check thi<br>if no long<br>subject to<br>Section 10<br>Form 4 or<br>Form 5<br>obligatior<br>may conti | Section 16                                     | <b>SECU</b><br>6(a) of<br>ility H | U <b>RI</b><br>the<br>oldi                                                       | TIES<br>Securiti<br>ing Com                                                                 | es Ex<br>pany | NERSHIP OF<br>ge Act of 1934,<br>f 1935 or Sectio | Expires: January 3<br>20<br>Estimated average<br>burden hours per<br>response |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| See Instru<br>1(b).                                                                                   | icuon                                          | ()                                |                                                                                  |                                                                                             |               | FJ                                                | ,                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| (Print or Type R                                                                                      | Responses)                                     |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| SINEGAL JAMES D Symb<br>COS                                                                           |                                                |                                   |                                                                                  | O WH                                                                                        | OL            | Ticker or T                                       |                                                                               | -          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                   |  |  |
| (Last)                                                                                                | /NEW [COST]<br>3. Date of Earliest Transaction |                                   |                                                                                  |                                                                                             |               |                                                   | _X_ Director 10% Owner                                                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                   |  |  |
| (Last) (First) (Middle) 3. Date of (Month/Da<br>999 LAKE DRIVE 10/10/20                               |                                                |                                   |                                                                                  | ay/Year)                                                                                    |               |                                                   |                                                                               |            | Difficer (give title Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                   |  |  |
| ISSAQUAH                                                                                              | (Street)                                       |                                   | 4. If Amer<br>Filed(Mon                                                          |                                                                                             |               | e Original                                        |                                                                               |            | 6. Individual or Jo<br>Applicable Line)<br>_X_ Form filed by 0<br>Form filed by N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                    | erson                                                             |  |  |
| (City)                                                                                                |                                                | (Zip)                             |                                                                                  |                                                                                             |               |                                                   |                                                                               |            | Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                   |  |  |
|                                                                                                       | (State)                                        | (Zip)                             | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                                             |               |                                                   |                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | -                                                                 |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                  | 2. Transaction D<br>(Month/Day/Yea             | ar) Execution any                 | emed<br>on Date, if<br>Day/Year)                                                 | TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A) |               |                                                   |                                                                               |            | Securities Beneficially Gowned Ecolowing Generation (s) Security 2015 (c) Security 2 | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common                                                                                                |                                                |                                   |                                                                                  | Code                                                                                        | V             | Amount                                            | (D)                                                                           | Price      | (Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                   |  |  |
| Common<br>Stock                                                                                       | 10/10/2017                                     |                                   |                                                                                  | G                                                                                           | V             | 2,391                                             | D                                                                             | <u>(1)</u> | 739,865                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                                    |                                                                   |  |  |
| Common<br>Stock                                                                                       | 10/22/2017                                     |                                   |                                                                                  | А                                                                                           |               | 1,870<br>(2)                                      | А                                                                             | <u>(3)</u> | 741,735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                                    |                                                                   |  |  |
| Common<br>Stock                                                                                       |                                                |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            | 588,460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I                                                                    | By LLC                                                            |  |  |
| Common<br>Stock                                                                                       |                                                |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I                                                                    | By GRAT                                                           |  |  |
| Common<br>Stock                                                                                       |                                                |                                   |                                                                                  |                                                                                             |               |                                                   |                                                                               |            | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I                                                                    | By<br>Spouse's<br>GRAT                                            |  |  |

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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 | Transacti             | 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)<br>(Instr. 3,<br>4, and 5) |               |             |              |          |             | (Instr |
|             |             |                     |                    |                       |                                   |               |             |              |          |             |        |
|             |             |                     |                    |                       |                                   |               |             |              |          |             |        |
|             |             |                     |                    |                       |                                   |               |             |              |          |             |        |
|             |             |                     |                    |                       |                                   |               |             |              | Amount   |             |        |
|             |             |                     |                    |                       |                                   | Date          | Expiration  |              | or       |             |        |
|             |             |                     |                    |                       |                                   | Exercisable   |             | Title Number | Number   |             |        |
|             |             |                     |                    |                       |                                   |               |             |              | of       |             |        |
|             |             |                     |                    | Code V                | (A) (D)                           |               |             |              | Shares   |             |        |

## **Reporting Owners**

| Reporting Owner Name / Address                          | Relationships |           |         |       |  |  |  |  |
|---------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|--|
|                                                         | Director      | 10% Owner | Officer | Other |  |  |  |  |
| SINEGAL JAMES D<br>999 LAKE DRIVE<br>ISSAQUAH, WA 98027 | Х             |           |         |       |  |  |  |  |
| Signatures                                              |               |           |         |       |  |  |  |  |
| Deanna K. Nakashima,<br>attorney-in-fact                | 10/24/2017    |           |         |       |  |  |  |  |
| **Signature of Reporting Person                         |               | 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) Personal gift.
- (2) Grant of Restricted Stock Units. Vests one-third on October 22, 2018, and one-third annually on October 22 for the following two years.
- (3) Not applicable. Grant 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.