FORM 4

OMB APPROVAL	
OMB Number:	3235-0287
Estimate	
hours pe	ponse...

(Print or Type Responses)

1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)	_____ Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below)
276 FIFTH AVENUE, SUITE 306	01/10/2019	
(Street)	4. If Amendment, Date Original Filed(Month/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 Person
NEW YORK, NY 10001 (City) (State) (Zip)		