FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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 S	Section	on 30(h	n) of the	Inve	estment	Com	pany Act	of 19	940								
1. Name and Address of Reporting Person* Karrels James (Last) (First) (Middle) 9704 MEDICAL CENTER DRIVE (Street) ROCKVILLE MD 20850 (City) (State) (Zip)															eck all ap Dire	ationship of Reportin k all applicable) Director			10% Ow	wner		
																Officer (give title Oth below) below SVP, CFO and Secretar				<i>'</i>		
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	e) <mark>X</mark> For For					n		
(- 9)			le I - Nor	n-Deriva	ative	e Se	curiti	ies Ac	qui	ired, D)isp	osed o	of, o	r Ben	eficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			·,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						I Secu Bene Owne	ficially d Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	/	Amount		(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/16					/2018	3				M		6,516	6 A		\$0.9	119,847			D ⁽¹⁾			
		7	able II -	Derivat (e.g., pı												Owne	d					
Security or E (Instr. 3) Pric	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transac Code (Ir			of Deriv Secu Acqu (A) o Disp of (D	of Ex		Date Exer piration D pnth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Derivati Security (Instr. 5)	deriv Secu Bene Owne Follo Repo	rities ficially ed wing orted saction	, (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date	te ercisable		opiration	Title	N O	mount r lumber f shares							

10/10/2008

Explanation of Responses:

1. Owned jointly with reporting person's wife.

\$0.94

Remarks:

Employee stock

option

(right to buy)

/s/ Lynn Cilinski, Attorney-in-

6,516

\$<mark>0</mark>

<u>Fact</u>

Common Stock

04/09/2018

<u>n-</u> <u>01/18/2018</u>

0

D

** 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).

01/16/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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