FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JAVC | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BLAND CHARLES R | | | | | | | | <u> Fechi</u> | | or Tradir 1 <u>gy Sc</u> | | symbol tions F | | neck all ap X Dire | olicable) ctor | ng Person(s) to Issuer 10% Owner | | | | |
|--|--|--|---|---------|----------------|---|--------|---------------|------------------|------------------------------------|----------|-------------------|---|-----------------------|--|--|---|--|--|--|
| HOLDIN | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2018 | | | | | | | | | | | er (give title w) | | Other (below) | specify |
| 100 CHELMSFORD STREET (Street) LOWELL MA 01851 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (Si | tate) (| (Zip) | | - | Person | | | | | | | | | | | a de la companya de | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curiti | es Ac | cqui | red, D | Disp | osed (| of, o | r Bei | neficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Code (Instr. | | | | | | | Secui Benei Owne | icially d Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | , | Amount | (A) or (D) Pri | | Price | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 01/04/2 | | | | | | 2018 | | | | M | | 250 | 50 A | | \$2 | | 23,990 | | D | |
| Common Stock 01/04 | | | | 4/2018 | 2018 | | | | S ⁽¹⁾ | | 250 D \$ | | \$35. | 33 | 23,740 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | 1 of | | ate Exerc ration D nth/Day/` | ate | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Security | 8. Price o Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Ex Da | piration ate | Title | | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$2 | 01/04/2018 | | | M | | | 250 | | (2) | 07 | //22/2020 | Com | | 250 | \$0 | 12,500 |) | D | |

Explanation of Responses:

- 1. The shares were sold pursuant to a sales plan adopted by the Reporting Person and intended to comply with Rule 10b5-1 under the Securities Exchange Act of 1934.
- 2. The Stock Option vested in full on April 15, 2011.

Remarks:

/s/ Clay Simpson, Attorney-in-**Fact**

01/08/2018

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

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.