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KOONCE CALVIS SCOTT Form 4 August 25, 2010 OMB APPROVAL FORM 4 Mage: State St										3235-0287 January 31, 2005 werage rs per		
(Print or Type	Responses)											
KOONCE CALVIN SCOTT Symbol							5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 3. Date o				of Earliest Transaction /Day/Year) 2010				(Check all applicable) <u></u> Director <u></u> Officer (give title <u></u> Other (specify below)				
				onth/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				
BETHESDA, WD 20017 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	ed Date, if	3. Transactio Code (Instr. 8)	4. Securi	ties A sed of 4 and (A) or	cquired (A)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$0.05 per share	08/24/2010			P	5,000	A	\$ 26.8067	10,000	Ι	(By spouse)		
Common Stock, par value \$0.05 per share	08/25/2010			Р	5,000	A	\$ 26.8289	854,390	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KOONCE CALVIN SCOTT 6550 ROCK SPRING DRIVE SUITE 600 BETHESDA, MD 20817	Х	Х						
Signatures								
Calvin S. Koonce by Thomas M Attorney-in-Fact	n,		08/25/2010					

**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).

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.