| SEC Form 4 |
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Instruction 1(b).

FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | 5 () (| | | | |
|--|-------------|------------------------|--|-------------------|--|--|---|------------------------------|--------------------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | uer Name and Tick <u> TEL INC</u> [PC | 0 | Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| ARVIK ARNT | | 10 | | | | | Director | 10% 0 | | | | |
| (Last) (Firs 471 BRIGHTON CT | t) (Middle) | | e of Earliest Transa L/2020 | action (Month/ | Day/Year) | X | Officer (give title below) VP & CHIEF S | below | <i>,</i> | | | |
| | | | | | | | | | | | | |
| (Street) | | 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Grou | p Filing (Check | Applicable | | | |
| BLOOMINGDALE | IL 60108 | | | | | X | Form filed by On | e Reporting Per | son | | | |
| (City) (Stat | ie) (Zip) | | | | | | Form filed by Mo Person | re than One Re | porting | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr | . 3) | 2. Transaction Date | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | | |

| | Date (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. 8) | | 5) | | | Securities Beneficially Owned Following Reported | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--------|--------------------------|----------------------------|-------------------------|---|--------|---------------|--------|---|-----------------------------------|---------------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common | 04/01/2020 | | A ⁽¹⁾ | | 2,332 | Α | \$5.36 | 34,274 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) of Dispo of (D) | or oosed)) (r. 3, 4 | | Expiration Date Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|-------------------------------|---------------------|---------------------------|-------|--|---|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The shares are service-based restricted shares that cliff vest one year from the grant date on April 1, 2021.

Remarks:

by Kevin J. McGowan, Atty-04/02/2020

in-Fact

04/02/2

** 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.