FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL 2225 020

| hours per response: | 0.5 |
|-------------------------|-----------|
| Estimated average burde | en |
| OND NUMBER. | 3235-0207 |

| 1. Name and Address of Reporting Person* Berthan Rainer | | | | er Name and Ticke TSPLY SIR(| | | (Check | tionship of Reportir all applicable) Director Officer (give title | 10% 0 | o Issuer 6 Owner er (specify |
|--|------------------------|--------------------------|---------------|---|-------------------|--|------------------------|--|------------------------------|--|
| (Last) 221 WEST PI | (First) HILADELPHIA | (Middle) STREET STE 6 | 07/08 | e of Earliest Transa /2016 | ction (Month/I | Day/Year) | X | below) below Exec VP, Mfg & Supply Ch | | V) |
| (Street) YORK | РА | 17401 | 4. If Ar | nendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Form filed by On Form filed by Mo | e Reporting Pers | son |
| (City) | (State) | (Zip) | | | | | | Person | | |
| | | Table I - Non | -Derivative S | ecurities Acq | uired, Dis | oosed of, or Benefi | cially | Owned | | |
| 1. Title of Security (Instr. 3) Date (Month/Dz | | | | 2A. Deemed Execution Date, if any | 3. Transaction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct | 7. Nature of Indirect Beneficial |

| | (Month/Day/Year) | (Month/Day/Year) |) 8) | | 5) | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) |
|--------------|------------------|-----------------------------------|------|---|-----------------------|---------------|-------------------|------------------------------------|----------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 07/08/2016 | | A | | 29.067 ⁽¹⁾ | A | \$ <mark>0</mark> | 39,370.067 | D | |
| | | urities Acquii Is, warrants, c | | | | | | wned | | |

| | (| | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------|-----|--|---|-------|---|--|--|--|--|
| 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 E | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents dividends on restricted stock units awarded to the Reporting Person in the form of additional restricted stock units subject to the same vesting terms as the underlying awards.

Michael Friedlander, Attorney-07/12/2016

In-Fact for Rainer Berthan

** 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.