FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| b | OMB Number: | 3235-0287 | | | | | | | |
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| | Estimated average bur | den | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |

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

| 1. Name and A Berg Trac | ddress of Reporting | Person* | | suer Name and Tick I <u>ployers Holdi</u> | 0 | , | | (Check | ationship of Reportin (all applicable) Director Officer (give title | 10% (| Issuer Dwner (specify |
|--|--------------------------|---|---|---|----------------|-----------------|------|---|---|---|-----------------------------|
| (Last) 10375 PRO | (First) FESSIONAL CII | (Middle) RCLE | | ate of Earliest Transa 10/2020 | action (Month/ | 'Day/Year) | | below) EVP, Chief Ini | below |) | |
| (Street) | | | 4. If | Amendment, Date of | Original Filed | d (Month/Day/Ye | ear) | 6. Indiv Line) | <i>r</i> idual or Joint/Grou | p Filing (Check | Applicable |
| RENO | NV | 89521 | | | | | | X | Form filed by On | e Reporting Per | rson |
| (City) | (State) | (Zip) | | | | | | | Form filed by Mo Person | re than One Re | porting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| Date | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

| | | | Code | v | Amount | (D) | Price | (Instr. 3 and 4) | | | |
|---|------------|--|------|---|-----------------------------|-----|-------------------|------------------|---|--|--|
| Common Stock, par value \$0.01 | 03/10/2020 | | Α | | 4,900 ⁽¹⁾ | Α | \$ <mark>0</mark> | 24,098 | 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) | sposed (D) str. 3, 4 | | Expiration Date Amount of Month/Day/Year) Securities Underlying Derivative | | | te Amount of Securities Security Underlying Derivative Security (Instr. 5) | | Derivative Security | 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 restricted stock units that vest in four equal annual installments beginning on March 15, 2021 (subject to the reporting person's continued employment on such dates).

Remarks:

| <u>/s/ Tracey L. Berg</u> | <u>03/11/2020</u> |
|----------------------------------|-------------------|
| ** 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.