FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPE | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
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0.5

hours per response:

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

| Name and Address of Reporting Person* SCHIFF THOMAS R | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|---------------------------------|--|---------------------|---|--|---|---|---|-------------------|--------------------|--------------------------------------|----------------------------------|---|---|--|--|----------------------|--|---------------------|----------|
| (Last) 6200 SO | (Fi | • | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013 | | | | | | | | | | er (give title w) | | | (specify |
| (Street) FAIRFIE (City) | LD OH 45014-5141 (State) (Zip) | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriva | ative S | Secur | rities | Acc | uired, | Dis | posed o | of, c | or Ben | efic | cially | / Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | and Securitie Benefici Owned F | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | Pric | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock | | 07/15/ | 07/15/2013 | | | | G | V | 57,140 |) | D | Š | \$ 0 | 1,298,300(1) | | | I | By Charitable Lead Annuity Trust | | |
| Common | Stock | | | 09/13/ | 2013 | | | | G | V | 2,400 | | D | | \$ <mark>0</mark> | 1,84 | 42,111 |] | D | |
| Common Stock | | 10/15/2013 | | | | | G | V | 58,018 | | D | | \$0 | 1,24 | 40,282(1) | | I | By Charitable Lead Annuity Trust | | |
| Common | Common Stock | | | | | | | | | | | | | | 12 | 4,249 | | | By Schiff Agency | |
| Common Stock | | | | | | | | | | | | | | 10 | 7,186 | | I | By Schiff Agency Pension Plan | | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Conversion Date 3A. Deemed Execution Date, To | | 4. Transacti Code (Ins | 5. Number action of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | sable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. | 8. De Se (In | erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Date Exercisa | | Expiration Date | Tit | of | mbei ares | r | | | | | | |

Explanation of Responses:

1. Shares are gifted quarterly from the Charitable Lead Annuity Trust.

11/15/2013 /s/ Thomas R. Schiff

** 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.