Edgar Filing: KEITH DANIEL C - Form 4

KEITH DANIEL C

KEITH DAN											
Form 4											
June 11, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi									Expires:	January 31,	
if no long subject to		FEMENT O	F CHAN	GES IN	BENEFI	CIA	LOW	NERSHIP OF		2005	
Section 16. SECURITIES								Estimated average burden hours per			
Form 4 or	r								response	•	
Form 5	Filed	pursuant to	Section 16	6(a) of th	e Securiti	ies E	xchang	ge Act of 1934,			
obligation may cont		17(a) of the	Public Ut	ility Holo	ding Com	ipany	Act c	of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	Company	y Act	t of 19	40			
1(b).											
(Print or Type F	Responses)										
1 Nome and A	ddraga of Domor	ting Danson *						5 Deletionship	f Domostin a Dos	aan(a) to	
KEITH DANIEL C Symbol SINCLA				Name and Ticker or Trading				5. Relationship of Issuer	r Reporting Per	son(s) to	
						гар		(Check all applicable)			
					ADCAS	I GR	OUP				
		INC [SB	GGI								
(Last)	(First)	(Middle)		Earliest Tr	ansaction			_X_ Director		6 Owner	
	. ,	. ,	(Month/D	ay/Year)	ansaction			X Director Officer (give below)		b Owner er (specify	
102 W PEN	NSYLVANI	. ,		ay/Year)	ransaction			Officer (give	e title Oth		
	NSYLVANL 501	. ,	(Month/D	ay/Year)	ansaction			Officer (give	e title Oth		
102 W PEN	NSYLVANI	. ,	(Month/Da 06/07/20 4. If Amer	ay/Year))18 ndment, Da	te Original			Officer (give	e title Oth below)	er (specify	
102 W PEN	NSYLVANL 501	. ,	(Month/Da 06/07/20 4. If Amer	ay/Year))18	te Original			 Officer (give below) 6. Individual or J Applicable Line) 	e title Oth below)	er (specify ng(Check	
102 W PEN AVE, STE 5	NSYLVANL 501 (Street)	. ,	(Month/Da 06/07/20 4. If Amer	ay/Year))18 ndment, Da	te Original			 Officer (give below) 6. Individual or J Applicable Line) X_Form filed by 	e title Oth below) oint/Group Filin One Reporting Po	er (specify ng(Check erson	
102 W PEN	NSYLVANL 501 (Street)	. ,	(Month/Da 06/07/20 4. If Amer	ay/Year))18 ndment, Da	te Original			 Officer (give below) 6. Individual or J Applicable Line) X_Form filed by 	e title Oth below)	er (specify ng(Check erson	
102 W PEN AVE, STE 5	NSYLVANL 501 (Street)	. ,	(Month/Da 06/07/20 4. If Amer Filed(Mon	ay/Year))18 ndment, Da th/Day/Year	tte Original		ities Ac	 Officer (give below) 6. Individual or J Applicable Line) X_Form filed by Form filed by 1 	e title Oth below) oint/Group Filin One Reporting Po More than One Re	er (specify ng(Check erson eporting	
102 W PEN AVE, STE 5 TOWSON, 2 (City)	NSYLVANL 501 (Street) MD 21204 (State)	A (Zip)	(Month/Da 06/07/20 4. If Amer Filed(Mon Table	ay/Year))18 ndment, Da th/Day/Year e I - Non-E	tte Original) Derivative S	Securi	ities Ac	 Officer (give below) 6. Individual or J Applicable Line) X_ Form filed by ! Form filed by ! Person quired, Disposed or 	e title Oth below) oint/Group Filin One Reporting Pe More than One Re f, or Beneficia	er (specify ng(Check erson eporting lly Owned	
102 W PEN AVE, STE 5 TOWSON, 2	NSYLVANL 501 (Street) MD 21204 (State)	A (Zip) 1 Date 2A. Dec	(Month/Da 06/07/20 4. If Amer Filed(Mon Table	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3.	tte Original	Securi ties		 Officer (give below) 6. Individual or J Applicable Line) X_ Form filed by I Form filed by I Person 	e title Oth below) oint/Group Filin One Reporting Po More than One Re	er (specify ng(Check erson eporting lly Owned	
102 W PEN AVE, STE 5 TOWSON, 7 (City) 1.Title of	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3.	tte Original) Derivative S 4. Securi onAcquired Disposed	Securi ties l (A) c l of (E	or))	 Officer (give below) 6. Individual or J Applicable Line) X_ Form filed by I Person quired, Disposed of Securities Beneficially 	e title Oth below) oint/Group Filin One Reporting Pe More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial	
102 W PEN AVE, STE 5 TOWSON, 1 (City) 1.Title of Security	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti	te Original) Derivative S 4. Securi onAcquired Disposed	Securi ties l (A) c l of (E	or))	 Officer (give below) 6. Individual or J Applicable Line) X_ Form filed by I Person quired, Disposed of Securities Beneficially Owned 	e title Oth below) oint/Group Filin One Reporting Po More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
102 W PEN AVE, STE 5 TOWSON, 1 (City) 1.Title of Security	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code	tte Original) Derivative S 4. Securi onAcquired Disposed	Securi ties l (A) c l of (E	or))	Officer (give below) Officer (give below) Officer (give be	e title Oth below) oint/Group Filin One Reporting Pe More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial	
102 W PEN AVE, STE 5 TOWSON, 1 (City) 1.Title of Security	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code	tte Original) Derivative S 4. Securi onAcquired Disposed	Securi ties I (A) c I of (E 4 and (A)	or))	 Officer (give below) 6. Individual or J Applicable Line) X_ Form filed by I Person quired, Disposed of Securities Beneficially Owned 	e title Oth below) oint/Group Filin One Reporting Po More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
102 W PEN AVE, STE 5 TOWSON, 1 (City) 1.Title of Security	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code (Instr. 8)	Derivative S 4. Securi ionAcquirec Disposec (Instr. 3,	Securi ties I (A) of I of (E 4 and (A) or	or)) 5)	 Officer (give below) 6. Individual or J Applicable Line) Form filed by I Person quired, Disposed of Securities Beneficially Owned Following Reported 	e title Oth below) oint/Group Filin One Reporting Po More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
102 W PEN AVE, STE 5 TOWSON, 7 (City) 1.Title of Security (Instr. 3)	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	A (Zip) n Date 2A. Dec Year) Executi any	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code (Instr. 8)	Derivative S 4. Securi OnAcquired Disposed (Instr. 3, 7 Amount	Securi ties I (A) c I of (E 4 and (A)	or))	 Officer (give below) 6. Individual or J Applicable Line) Form filed by Form filed by I Person quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	e title Oth below) oint/Group Filin One Reporting Po More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
102 W PEN AVE, STE 5 TOWSON, 1 (City) 1.Title of Security (Instr. 3)	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior (Month/Day/S	(Zip) n Date 2A. Dec Year) Executi any (Month.	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code (Instr. 8) Code V	Derivative S 4. Securi onAcquirec Disposed (Instr. 3, 7 Amount 4,000	Securi ties I (A) of I of (D 4 and (A) or (D)	or 5) Price	 Officer (give below) 6. Individual or J Applicable Line) Form filed by Form filed by I Person quired, Disposed of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	e title Oth below) oint/Group Filin One Reporting Po More than One Ro f, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
102 W PEN AVE, STE 5 TOWSON, 7 (City) 1.Title of Security (Instr. 3)	NSYLVANL 501 (Street) MD 21204 (State) 2. Transactior	(Zip) n Date 2A. Dec Year) Executi any (Month.	(Month/Da 06/07/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year))18 ndment, Da th/Day/Year e I - Non-E 3. Transacti Code (Instr. 8)	Derivative S 4. Securi OnAcquired Disposed (Instr. 3, 7 Amount	Securi ties I (A) of I of (E 4 and (A) or	or)) 5)	 Officer (give below) 6. Individual or J Applicable Line) Form filed by Form filed by I Person quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	e title Oth below) oint/Group Filin One Reporting Po More than One Re f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: KEITH DANIEL C - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other KEITH DANIEL C 102 W PENNSYLVANIA AVE Х STE 501 TOWSON, MD 21204 Signatures Clinton R. Black, V, Esq., on behalf of Daniel C. Keith, by Power of 06/11/2018 Attorney

**Signature of Reporting Person

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).
- (1) Issued pursuant to the Long Term Incentive Plan

(2) N/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.

Date