## Edgar Filing: St Romain Kenneth G - Form 4

St Romain Ke	enneth G												
Form 4	10												
March 02, 20										OMB A	PPROVAL		
FORM	UNITED	STATES				ND EX( D.C. 20:		NGE	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31 200Estimated averageburden hours per response0.			
Form 5 obligation may conti <i>See</i> Instru 1(b).	<sup>is</sup> nue. Section 17	(a) of the		lity Ho	ldi	ng Con	ipany	Act o	ge Act of 1934, f 1935 or Sectio 40	n			
(Print or Type R	esponses)												
St Romain Kenneth G Symbol				r Name <b>and</b> Ticker or Trading CORP [POOL]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Che					ck all applicable)					
(Month/Da 109 NORTHPARK BLVD. (Street) 4. If Amer				onth/Day/Year) /28/2018					Director      10% Owner        XOfficer (give title      Other (specify below)         below)       below)         GROUP VICE PRESIDENT				
				Amendment, Date Original d(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
COVINGTO	N, LA 70433								Form filed by N Person	Aore than One R	eporting		
(City)	(State)	(Zip)	Table	I - Non-	De	rivative	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	emed on Date, if Day/Year)	Code (Instr. 8	tion ()	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) of l of (D 4 and (A) or	))	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock (1)	02/28/2018			А		6,000	A	\$0	87,847.922	D			

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 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		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
St Romain Kenneth G 109 NORTHPARK BLVD. COVINGTON, LA 70433			GROUP VICE PRESIDENT					
Signatures								
By: Jennifer Neil For: Kenneth G Romain	St	03/02/2018						
<u>**</u> Signature of Reporting Person		Date						

## **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).

Represents shares of performance-based restricted stock that may be earned, depending on the Company?s attainment of an average three-year return on invested capital performance goal for the three-year period ending December 31, 2018, 2019 or 2020. If the

(1) performance goal is not met as of the end of the performance period ending December 31, 2020, the period will be extended by one year up until December 31, 2024, then all shares will be immediately forfeited and canceled. If the performance goal is met, 50% of the shares shall vest on March 1st of the year following the end of the performance period during which the performance goal was met and 50% on the 5th anniversary of the date of grant.

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.