FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

1. Name and Address of Reporting Person\*

SPRUCE HOUSE PARTNERSHIP (AI) LP

(Middle)

10014

(Zip)

(Middle)

(First)

NY

(State)

1. Name and Address of Reporting Person\* Spruce House Partnership (QP) LP

C/O SPRUCE HOUSE CAPITAL LLC

C/O SPRUCE HOUSE CAPITAL LLC 435 HUDSON STREET, 8TH FLOOR

(Street) **NEW YORK** 

(City)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	ions may conti tion 1(b).	nue. See		Filed							ies Exchange		f 1934			hours	per re	esponse:	0.5
		of Reporting Person*  Cartnership LL	<u>C</u>				Name <b>ar</b> Logisti								ationship all app Direc	,	•	erson(s) to Is	
(Last) (First) (Middle) C/O SPRUCE HOUSE CAPITAL LLC 435 HUDSON STREET, 8TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/30/2020								Officer (give title Other (specify below) below)							
		CEE1, OTH FEOC			4. If A	Amen	ndment,	Date o	f Origina	al File	d (Month/Day	y/Year)	١	6. Indi	/idual or	r Joint/Group	o Filir	ng (Check A	pplicable
(Street) NEW Y	ORK N	Y 1	0014											X		filed by One filed by Mo on		•	
(City)	(S	tate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Seci	urities	Acq	uired,	, Dis	posed of	, or E	Benef	icially	Own	ed			
1. Title of	Security (Ins	str. 3)	Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   (Mon		Fori (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership												
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common share	stock, par	value \$0.001 per	1	03/30/2	2020				S		215,100	Г	\$	51.63	9,0	90,601		D <sup>(1)(2)</sup>	
		Tal	ble II -								osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any		4. Transa Code ( 8)	ction	5. Nu	rative rities ired r osed )	•	Exercion Da	isable and	7. Titl Amou Secui Undei Deriva	e and int of ities rlying ative ity (Ins	8. F Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
		of Reporting Person*	<u>C</u>				,					,					·		
		(First) JSE CAPITAL L REET, 8TH FLOO	LC	ddle)															
(Street) NEW Y	ORK	NY	100	014		-													
(City)		(State)	(Zip	D)															

435 HUDSON STREET, 8TH FLOOR									
(Street) NEW YORK	NY	10014							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* <u>Spruce House Capital LLC</u>									
(Last) C/O SPRUCE H 435 HUDSON S									
(Street) NEW YORK	NY	10014							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>Sternberg Zachary</u>									
(Last) (First) (Middle) SPRUCE HOUSE INVESTMENT MANAGEMENT LLC 435 HUDSON STREET, 8TH FLOOR									
(Street) NEW YORK	NY	10014							
(City)	(State)	(Zip)							
Name and Address of Reporting Person*     Stein Benjamin Forester									
(Last) (First) (Middle) SPRUCE HOUSE INVESTMENT MANAGEMENT LLC 435 HUDSON STREET, 8TH FLOOR									
(Street) NEW YORK	NY	10014							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  SPRUCE HOUSE INVESTMENT  MANAGEMENT LLC									
(Last) 435 HUDSON S 8TH FLOOR	(First) TREET	(Middle)							
(Street) NEW YORK	NY	10014							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

The Spruce House Partnership
LLC By: /s/ Thomas Walker,
Authorized Person

The Spruce House Partnership
(AI) LP By: /s/ Thomas
Walker, Authorized Person

The Spruce House Partnership
(QP) LP By: /s/ Thomas
Walker, Authorized Person

Walker, Authorized Person

<sup>1.</sup> As a result of internal restructuring, the reported securities are now held in the account of The Spruce House Partnership LLC (the "Aggregator"), its sole members being The Spruce House Partnership (Al) LP (f/k/a The Spruce House Partnership LP) and The Spruce House Partnership (QP) LP (collectively, the "Funds)", each a private investment fund managed by Spruce House Investment Management LLC (the "Investment Manager").

<sup>2.</sup> The reported securities may be deemed to be beneficially owned by the Investment Manager, the general partner of the Funds, Spruce House Capital LLC (the "General Partner"), and by Zachary Sternberg and Benjamin Stein, managing members of the Investment Manager and the General Partner (the "Managing Members"). Each of the Funds, the Investment Manager, the General Partner and the Managing Members disclaim beneficial ownership of the reported securities held by the Aggregator, except to the extent of his or its pecuniary interest therein. The Aggregator, the Funds, the Investment Manager, the General Partner and the Managing Members (collectively, the "Reporting Persons") affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended.

Spruce House Capital LLC

By: /s/ Thomas Walker, 04/01/2020

**Authorized Person** 

Zachary Sternberg By: /s/

Thomas Walker, (Attorney-in 04/01/2020

<u>fact</u>)

Benjamin Stein By: /s/

Thomas Walker, (Attorney-in 04/01/2020

fact)

Spruce House Investment

Management LLC By: /s/

04/01/2020 Thomas Walker, Authorized

Person

\*\* 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.