FORM 4

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |
|--------------------------|-----------|
| OMB Number:              | 3235-0287 |
| Estimated average burden |           |
| hours per response:      | 0.5       |

|        | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
|--------|---|
| $\cup$ | 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  | n 30(h) of the                                   | Investmer           | nt Comp  | any Act of       | f 1940                         |             |   |   |  |                             |  |   |    |  |
|---|--|--|---|-----------------------------------|--|---|--|---------------------|--|------------------|--------------------------------|-------------|---|---|--|-----------------------------|--|---|----|--|
| Name and Address of Reporting Person*     Sherman Patrick A |  |  |   |                                   |  | Name <b>and</b> Tic<br>MERCH  |  |                     | RME ]  | ]                |                                |             |   | all app   | ip of Reporting Pe<br>plicable)<br>Director  | erson(s) to                 | o Issuer   | 10% Own   | er |  |
| (Last) 200 E JACKSON STREET                                 | (First)  | (Mi  | ddle)   |                                   | 3. Date of 03/31/20                                      | Earliest Trans  | saction (Mont                                    | h/Day/Year          | )  |                  |                                |             |   |   | Officer (give title I  | Other (specify below)       |  |   |    |  |
| (Street) MUNCIE (City)                                      | IN<br>(State)  | 47<br>(Zij                                 | 305   |                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |                     |  |                  |                                |             | 6. Indiv  |   | al or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person |                             |  |   |    |  |
|   |  |  | 7   | Table I -                         | Non-Der  | ivative Se  | curities A                                       | cquired,            | Dispo  | osed of          | , or Bene                      | ficially Ow | ned   |   |  |                             |  |   |    |  |
| 1. Title of Security (Instr. 3)                             |  |  | 2. Transact<br>Date<br>(Month/Day                           | Execu                             | Execution Date,  |   | 3. Transaction 4. Sec<br>Code (Instr. 8) 3, 4 au |                     | curities Acquired (A) or Disposed Of (D<br>nd 5)               |                  |                                | Ben         | . Amount of Securities<br>teneficially Owned Following<br>tenorted Transaction(s) |   | 6. Ownership Form:<br>Direct (D) or Indirect (I)<br>(Instr. 4)   |                             | 7. Nature of<br>Indirect Beneficial<br>Ownership (Instr.           |   |    |  |
|   |  |  |   |                                   | (MOHali Day  | (Mont   | h/Day/Year)                                      | Code                | v  | Amount           |                                | (A) or (D)  | Price   |   | tr. 3 and 4)   | (3)                         | (111301.4)   |   | 4) |  |
| Common Stock  |  |  |   |                                   | 03/31/2  | 015   |  | A                   |  |                  | 630                            | A           | \$23.54   |   | 28,309.67(1  | )                           |  | D   |    |  |
| Common Stock  |  |  | 03/31/2   | 015                               |  |   |  | 21                  | 1.353  | A                | \$23.416                       |             | 28,331.023(1)   |   | D  |                             |  |   |    |  |
|   |  |  |   | Table l                           |  | ative Secu<br>outs, calls   |  |                     |  |                  |                                | ially Owne  | d   |   |  |                             |  |   |    |  |
| 1. Title of Derivative Security (Inst 3)                    | r. 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Conversion or Exercise Price of Derivative | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) |  | 5. Number of Derivative<br>Securities Acquired (A) or<br>Disposed of (D) (Instr. 3, 4<br>and 5) |  | Expiration (Month/I | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                  | 7. Title and A<br>Derivative S | 1           | g   | 8. Price of<br>Derivative<br>Security (Instr.<br>5) | 9. Numb<br>derivativ<br>Securitie<br>Benefici<br>Owned<br>Followin<br>Reporter   | ve<br>es<br>ally<br>ng<br>d | 10. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 11. Nature of<br>Indirect Beneficial<br>Ownership (Instr.<br>4) |    |  |
|   |  |  |   | Code                              | v  | (A)   | (D)  | Date<br>Exercisa    |  | xpiration<br>ate | Title                          |             | Amount or<br>Number of St   | nares   |  | (Instr. 4)                  |  |   |    |  |

Explanation of Responses:
1. Includes Restricted Stock Awards totaling 5,565 shares

Remarks:

<u>Jennifer Mainord (Confirming Statement on Eile)</u>

04/02/2015

\*\* Signature of Reporting Person

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.

CONFIRMING STATEMENT

This statement confirms that the undersigned, Patrick A. Sherman, has authorized and designated, Jennifer Mainord, Amanda C. Williams or Rhonda Bost, to execute

\_\_/s/ Patrick A. Sherman\_\_\_\_ Patrick A. Sherman

Date: February 13, 2014