FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | |
|--|-------------------|------------------|--|---|---|-----------|-------------|----------------------------|---|--|--|---|--|--|
| Section 16. Form 4 or Form 5 obligations may continue. See | | | _ | NT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| Instruction 1(b |)). | | | tion 30(h) of the Inv | | | | | 54 | <u>_</u> | | | | |
| 1. Name and Address of Reporting Person* Steines Ann Munson | | | | er Name and Ticke <u> CDSTROM I</u> | | | | | k all applicable) Director | | Owner | | | |
| (Last) 1617 SIXTH | (First) AVENUE | 3. Date 08/26 | e of Earliest Transac /2019 | ction (M | onth/E | 0ay/Year) | | Officer (give ti below) | ive title Other (specify below) Secretary | | | | | |
| (Street) | | | | Line | | | | | | | , | | | |
| SEATTLE (City) | WA (State) | 98101 (Zip) | | | | | | , | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table I - Noi | n-Derivative S | ecurities Acq | uired, | Disp | oosed of, o | or Bene | eficially | Owned | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) Code V | | / | | | 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

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

| (g., pare,,,,,, | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----------|-----|---------------------|--|-----------------|--|-----|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expira | | Expiration Da | ate Exercisable and iration Date nth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Common Stock | (1) | 08/26/2019 | | Α | | 5,778 | | (2) | (2) | Common Stock | 5,778 | \$0 | 5,778 | D | |

Explanation of Responses:

1.1 for 1

2. Restricted Stock Unit vesting in three annual installments commencing on 9/10/2020. The number of RSUs to be awarded is a function of base pay, a long-term incentive (LTI) percentage and the fair value of an RSU. The fair value of an RSU is calculated as the stock price as of the effective date less the present value of Company stock dividends over the vesting period. This calculation requires the input of certain assumptions, including the risk-free interest rate and the expected Company stock dividends. The formula for determining the number of RSUs granted is: number of RSUs = (base pay x LTI%) / RSU fair value.

Remarks:

Eunice Chung, Attorney-in-Fact for Ann M. Steines

08/28/2019

** 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.