FORM 4

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

OMB APPROVAL

3235-0287

0.5

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: 3 Estimated average burden |
|---|--|---|
| obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: |
| | or Section 30(h) of the Investment Company Act of 1940 | <u></u> |

| 1. Title of Sec | urity (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A) | or | 5. Amount of | f | 6. Ownership | 7. Nature |
|----------------------------|--------------------------------|---------------|----------------|--|------------------|---|--------|---|---------|---|-------------------|
| | | Table I - Nor | n-Derivative S | Securities Acc | uired, Disp | osed of, or Benefi | cially | Owned | | | |
| (City) | (State) | (Zip) | | | | | | Person | ., | | 9 |
| BRIDGEW | ATER NJ | 08807 | | | | | X | | | Reporting Pers | |
| (Street) | | | 4. If A | mendment, Date o | f Original Filed | (Month/Day/Year) | Line) | | | Filing (Check A | |
| (Last) 200 CROSS | (First) SING BOULEVAF | (Middle) | | e of Earliest Trans)/2019 | action (Month/E | Day/Year) | | , | ief Leş | gal Officer | , |
| 1. Name and A Prague Ro | ddress of Reporting F onald | Person* | | _ | 0 | ^{ymbol} OLOGIES INC [| | ationship of R k all applicabl Director Officer (giv below) | e) | g Person(s) to I 10% (Other below | Owner (specify |
| obligations Instruction | may continue. <i>See</i> 1(b). | | | nt to Section 16(a) ction 30(h) of the Iı | | es Exchange Act of 1934 pany Act of 1940 | | | hours | per response: | 0. |

| 1. The of Security (insu: 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | Disposed Of (5) | | | | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|------------------------------|--------------------------|---|------------------------------|---|----------------------|---------------|--------|------------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 07/30/2019 | | S | | 8,789 ⁽¹⁾ | D | \$7.85 | 131,895 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 1. Title of 3. Transaction 7. Title and 8. Price of Derivative 9. Number of 3A. Deemed 5. Number 10. 11. Nature Derivative Security (Instr. 3) Conversion Execution Date, Transaction Amount of derivative Ownership of Indirect Date (Month/Day/Year) of Derivative Code (Instr. 8) Securities Security (Instr. 5) or Exercise if any Securities Form: Beneficial Beneficially Owned Price of Derivative (Month/Day/Year) Securities Underlying Direct (D) Ownership (Instr. 4) Acquired (A) or Disposed or Indirect (I) (Instr. 4) Derivative Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Date Expiration of Shares Code ν (A) (D) Exercisable Date Title

Explanation of Responses:

1. All of the sales reported on this Form were effected pursuant to an approved Rule 10b5-1 trading plan. Represents sale to cover tax obligations associated with the vesting of shares of Restricted Stock. **Remarks:**

| <u>/s/ Ronald J. Prague</u> |
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** Signature of Reporting Person

07/30/2019

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.