Edgar Filing: Charlesworth John S - Form 4

| Charleswort Form 4 | h John S | | | | | | | | | | |
|---|---|--------------------------------|-----|--|-----------|--------------------------------------|---|--|---|--------------------------|--|
| November 0 | ЛЛ | | | | | | | | OMB AF | PROVAL | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | | |
| Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may cont See Instr 1(b). | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectior of the Investment Company Act of 1940 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| Charlesworth John S Symbol | | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | of Earliest Transaction /Day/Year) /2010 | | | | X_ Director10% Owner Officer (give titleOther (specify below) | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | | | ~ • • | a | | Person | | | |
| 1.Title of Security (Instr. 3) | (State) 2. Transaction Date (Month/Day/Year) | e 2A. Deen Execution any | ned | 3. Transactic Code (Instr. 8) | 4. Securi | ties Adisposed 4 and (A) or | cquired d of (D) | uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Common Stock | 10/29/2010 | | | S | 5,000 | D | 210.06 (1) | 9,865 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | Number Expiration D of (Month/Day/ Derivative Securities Acquired (A) or Disposed of (D) | | te Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---|--------------------|--------------|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Charlesworth John S 1401 WYNKOOP STREET, SUITE 500 DENVER, CO 80202 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Michael McGawn, as attorney-in-fact | 10/29 | /2010 | | | | | |
| <u>**</u> Signature of Reporting Person | Da | ite | | | | | |

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).

Reflects a weighted-average price. Actual sale prices ranged from \$209.89 to \$210.25 per share. The filing person undertakes to furnish
(1) to the issuer, any requesting shareholder of the issuer, or the staff of the Securities and Exchange Commission complete information regarding the number of shares sold at each separate price.

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.