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Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

Date of Report being Amended: \_\_\_\_\_

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ YES ☐ NO

[illegible]

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
JT	Provide full name, not ticker symbol.	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	(MO/DAY/YR)	A	B	C	D	E	F	G	H	I	J	
							\$1,000-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
SP	DOLLAR GENERAL CORP COM STK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/5/18	10/5/18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SP	DENTSPLY SIRONA INC COM STK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/21/18	9/21/18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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FOOTNOTE NUMBER	FILER NOTES (optional)