Edgar Filing: Hyde Joseph C - Form 4

| Hyde Joseph | C | | | | | | | | | |
|--|---|--|---|--|------------------------------|----------------------|--|--|-----------|--|
| Form 4 July 31, 2012 |) | | | | | | | | | |
| • | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITED | | JRITIES A ashington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 31 2005 Estimated average burden hours per | | |
| Form 5 obligation may cont See Instru 1(b). | Filed purs ns Section 17(a | suant to Section a) of the Public 30(h) of the | Utility Hold | ling Con | ipany | Act of | 1935 or Section | response | 0.5 | |
| (Print or Type R | Responses) | | | | | | | | | |
| Hyde Joseph C Symbol | | | uer Name and 1 3AL PAYM | | | 0 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | e of Earliest Transaction n/Day/Year) /2012 | | | | Director 10% Owner X Officer (give title Other (specify below) below) President - International | | | |
| | (Street) | | mendment, Da Ionth/Day/Year | - | l | | 6. Individual or Jo Applicable Line) _X_ Form filed by C | One Reporting Pe | rson | |
| ATLANTA, | GA 30328 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) Ta | ble I - Non-D | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Yea | Code r) (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | sposed 4 and (A) or | d of (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 07/29/2012 | | F(1) | Amount 2,788 | (D) D | Price \$ 44.33 | 35,380 | 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)

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| 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | ss Relationships | | | | | | |
|---|------------------|-----------|---------------------------|-------|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | |
| Hyde Joseph C 10 GLENLAKE PARKWA NORTH TOWER ATLANTA, GA 30328 | Y | | President - International | | | | |
| Signatures | | | | | | | |
| Joseph C Hyde | 07/31/2012 | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | |

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).
- (1) Disposing shares to cover taxes on Award vesting.

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.