## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | OVAL      |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |  |
| hours per response:    | 0.5       |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|   |   |  |   |          | 2 10                                    | 2. Januar Nama and Tiples or Tradition Complete             |   |                     |                              |                    |  |   |              |         | E. Dolotionship of Donorting Dorosp(s) to !   |   |  |   |  |  |  |
|---|---|--|---|----------|---|---|---|---------------------|------------------------------|--------------------|--|---|--------------|---------|---|---|--|---|--|--|--|
| Name and Address of Reporting Person*     Green James W       |   |  |   |          |   | 2. Issuer Name and Ticker or Trading Symbol                 |   |                     |                              |                    |  |   |              |         | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   |  |   |  |  |  |
|   |   |  |   |          |   |   |   |                     |                              |                    |  |   |              |         | X   |   | er (give title   |   |  | (specify   |  |
| (Last) (First) (Middle)                                       |   |  |   |          |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017 |   |                     |                              |                    |  |   |              |         |   | belov   |  |   |  |  |  |
| 84 OCTC   | BER HILI  | ROAD                                       |   |          | -                                       |   |   |                     |                              |                    |  |   |              |         |   |   |  |   |  |  |  |
|   |   |  |   |          |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |                     |                              |                    |  |   |              |         |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |   |  |  |  |
| (Street) HOLLISTON MA 01746                                   |   |  |   |          |   |   |   |                     |                              |                    |  |   |              |         |   | X Form filed by One Reporting Person                        |  |   |  |  |  |
|   |   |  |   |          |   |   |   |                     |                              |                    |  |   |              |         |   | Form filed by More than One Reporting<br>Person             |  |   |  |  |  |
| (City)  | (St   | ate) (                                     | Zip)  |          |   |   |   |                     |                              |                    |  |   |              |         |   |   |  |   |  |  |  |
|   |   | Tabl                                       | e I - No  | on-Deriv | ative                                   | Sec   | uritie  | s Ac                | quired                       | l, Dis             | sposed o   | f, or   | Ben          | efici   | ally (  | Owne  | ed   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |   |  |   |          |   | Exe<br>if a   | ny  | ution Date,         |                              | ction<br>Instr.    | 4. Securities Acquired (A) o<br>Disposed Of (D) (Instr. 3, 4 a<br>5) |   |              |         | and Securit<br>Benefic<br>Owned   |   | es<br>ially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                |  |
|   |   |  |   |          |   | Code  | v   | Amount              | (A<br>(D                     | ) or<br>)          | Price  | Reported<br>Transaction<br>(Instr. 3 and  |              | tion(s) |   |   | (Instr. 4)   |   |  |  |  |
| Common  | mmon Stock 01/03/3  |  |   |          |   | 017   |   |                     | A                            |                    | 16,600 <sup>(1</sup>   | 1)  | A            | \$0.0   | 00 71,  |   | ,200 <sup>(2)</sup>  |   | D  |  |  |
| Common  | Stock   |  |   |          |   |   |   |                     |                              |                    |  |   |              |         |   | 2,  | ,000   | I by James<br>W Green<br>Revocab<br>Trust                         |  |  |  |
|   |   | Та   | ıble II -   |          |   |   |   |                     |                              |                    | osed of,<br>convertib  |   |              |         |   | vned  |  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                     | 6. Date<br>Expirat<br>(Month | ion Da             |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |              |         | Deriv   | Price of<br>erivative<br>ecurity<br>nstr. 5)                | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   | Code  |  |   |          | v                                       | (A)   | (D)   | Date<br>Exercisable |                              | Expiration<br>Date | Title  | or<br>Nui<br>of   | mber<br>ares |         |   |   |  |   |  |  |  |

## **Explanation of Responses:**

1. Represents a deferred stock award of 16,600 restricted stock units which vest quarterly in equal installments on March 31, 2017, June 30, 2017, September 30, 2017 and December 31, 2017, and are subject to continued service as a non-employee director on the applicable vesting dates. These retainer awards are granted in lieu and satisfaction of the annual cash retainer compensation to be earned by the director for his service on the Issuer's Board of Directors and its Committees during 2017. The number of shares of common stock subject to such retainer award is equal to the amount of cash that would have been received had the retainers all been paid in cash, divided by the average daily closing market price of the Issuer's common stock for the month of November, rounded to the nearest 100 share

2. Includes (a) a deferred stock award of 16,600 restricted stock units which vest quarterly in equal installments on March 31, 2017, June 30, 2017, September 30, 2017 and December 31, 2017; (b) a deferred stock award of 25,300 restricted stock units which fully vest on the earlier of (i) the date of the Issuer's next Annual Meeting of Stockholders after July 1, 2016, immediately prior to the commencement of such meeting, and (ii) July 1, 2017; and (c) 29,300 shares of common stock held by the Reporting Person.

## Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of <u>attorney</u>

01/04/2017

\*\* 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.