## Edgar Filing: CARLSON WALTER CD - Form 4

CARLSON W Form 4 March 04, 201													
FORM 4 UNITED STATES SECUR										OMB APPROVAL			
UNITED STATES SECURITE					FIES AND EXCHANGE COMMISSION ington, D.C. 20549					OMB Number:	3235-0287		
Check this										Expires:	January 31,		
Subject to				GES IN BENEFICIAL OW				LOW	NERSHIP OF	Estimated a	2005 average		
Section 16.				SECURITIES						burden hou	rs per		
Form 4 or Form 5			Castian 16	(a) a <b>f</b>	41 <u>-</u> -	Citi	аа <b>Б</b> а	<b>1.</b>	A -+ -f 1024	response	0.5		
obligations	<sup>8</sup> Section $1'$							-	ge Act of 1934, f 1935 or Sectio	n			
may contir <i>See</i> Instruc 1(b).	nue.		of the Inv	•		•	• •						
(Print or Type Re	esponses)												
CARLSON WALTER CD Symbol				Name <b>and</b> Ticker or Trading D STATES CELLULAR USM]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	-	Tra	nsaction			_X_ Director	10%	Owner		
(Month/Da									Officer (give title Other (specify				
30 N. LASALLE ST. STE. 4000 03/01/20				)19					below)	below)			
(Street) 4. If Amen				ndment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mont CHICAGO, IL 60602				th/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)			_								
	~ /			e I - Non	1-De			ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		Code (Instr.	8)	4. Securit nAcquired Disposed (Instr. 3, Amount	(A) o of (D	)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	03/01/2019			А		2,123	А	<u>(1)</u>	24,786	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, 4, and 5)	;	Date	Secur	unt 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		

## Edgar Filing: CARLSON WALTER CD - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
CARLSON WALTER CD 30 N. LASALLE ST. STE. 4000 CHICAGO, IL 60602	Х						
Signatures							
Julie D. Mathews, by power of atty	03						
**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) Shares acquired pursuant to a compensation plan for non-employee directors.

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.