FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasiniigtori,	D.C.	20343	

OMB APPROVAL							
OMB Number:	3235-028						
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0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Instruct	ion 1(b).			File							es Excnan npany Act			34			ĮL			
		Reporting Person* MICHAEL							ker or Tra IES IN						Check	all app Direc		ıg Pei	10% O	wner
(Last) (First) (Middle) 16 SOUTH PENNSYLVANIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/03/2010									X	X Officer (give title below) Senior VP/General			Other (specify below)	
(Street) OKLAHOMA CITY OK 73107  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indivine)	Forn Forn	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	es Aco	guired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of S	Security (Inst			2. Transa Date (Month/D	action	ur) i	2A. Deen Executio if any (Month/D	ned n Date,	3. Transa Code (	ection	4. Securit	ties Ad	quired	l (A) or		5. Ame Securi Benefi	ount of ities icially d Following	Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		A) or D)	Price	•	Transa	action(s) 3 and 4)			(1130.4)
Common	Stock			05/03	/2010				S <sup>(2)</sup>		7,500		D	\$18	.5 <sup>(2)</sup>	8	3,081		I	By Trusts <sup>(1)</sup>
Common Stock													8,988			I	As Trustee <sup>(3)</sup>			
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transa Code (I 8)		of Deriving Security (A) of Disposor (D)	r osed ) r. 3, 4	6. Date E Expiratio (Month/D	n Dat	е	Amo Secu Und Deri	tle and ount of urities erlying vative urity (In 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	(   I   (	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares						
		Reporting Person* MICHAEL																		
(Last) 16 SOUT		(First) YLVANIA AVE	(Midd	dle)																

SHEAR DAV	ID MICHAE	<u>_</u>					
(Last)	(First)	(Middle)	(Middle)				
16 SOUTH PENI	NSYLVANIA AV	/ENUE					
(Street)							
OKLAHOMA CITY	OK	73107					
(City)	(State)	(Zip)					
1. Name and Address SHEAR HEIL							
(Last)	(First)	(Middle)					
16 SOUTH PENNSYLVANIA AVENUE							
(Street)							
OKLAHOMA CITY	OK	73107					
(City)	(State)	(Zip)					

## Explanation of Responses:

This amount does not include, and David Shear disclaims beneficial ownership of 8,988 shares held by two trusts established for the benefit of each of the reporting persons' children. Please see footnote (3) for a description of the children's trusts.

- 2. These shares were sold pursuant to the terms of the reporting persons' Programmed Plan of Transactions under Rule 10b5-1, dated June 15, 2009.
- 3. These shares are held by two trusts established for the benefit of each of the reporting persons' children, of which Heidi Shear is the trustee and exercises investment and dispositive control over the trusts' portfolio securities.

## Remarks:

 Heidi L. Brown Shear
 05/03/2010

 David M. Shear
 05/03/2010

 \*\* 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.