FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* FULLER SAMUEL H (Last) (First) (Middle) P.O. BOX 9106 ONE TECHNOLOGY WAY | | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP, RESEARCH & DEVELOPMENT | | | | | |
|---|---|--|--|-------|---------|---|-----|--------|-----------------------------|--|-----------------------------------|--------------------------|--|--------------------------------------|--------|--|---|-------|--|--|--|
| (Street) NORWC | OOD M | (A tate) | 02062-910 (Zip) | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applications) X Form filed by One Reporting Person Form filed by More than One Reporting Person tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | . | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | saction | ction 2A. Dee Execut ay/Year) if any | | | A. Deemed xecution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | or 5. Amour Securitie Beneficia Owned F | | Form | : Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | | Transacti (Instr. 3 a | nd 4) | | | | | | | | |
| Comm Stock-\$.16-2/3 value 12/04 | | | | | | 2013 | | | M | | 5,00 | 0 A | \$29.91 | | 19,678 | | D | | | | |
| Comm Stock-\$.16-2/3 value 12/04/ | | | | | 04/201 | ′2013 | | | | S | | 5,00 | 0 D | \$48.5 | 94 14, | | ,678 | | D | | |
| | | | | | | | | | | | | | , or Bene ible secui | | / O\ | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | | ransaction code (Instr. | | of | | Date Exerciple Exerciple 20 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | ate | of Securities | | s Security | D | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ily i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | e ercisable | | opiration | Title | Amour or Numbe of Shares | r | | | | | | |
| Non- Qualified Stock Option (right to | \$29.91 | 12/04/2013 | | | M | | | 5,000 | 01/0 | 03/2009 ⁽¹⁾ | 01 | ./03/2018 | Comm Stock-\$.16- 2/3 value | 5,000 |) | \$0.0000 | 15,00 | 0 | D | | |

Explanation of Responses:

 $1.\ This\ option\ vested\ in\ equal\ installments\ on\ the\ first,\ second,\ third,\ fourth\ and\ fifth\ anniversaries\ of\ the\ original\ grant\ date,\ which\ was\ January\ 3,\ 2008.$

Kevin P. Lanouette, Assistant

General Counsel, by Power of

Attorney

** Signature of Reporting Person Date

12/05/2013

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.