FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 1/b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

11. Nature

| Instruction 1(b). | | nt to Section 16(a) o | | <u> </u> | ours per response: | 0.5 | | | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------|----------|----------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person* CHIN DEAN A (Last) (First) (Middle) ONE LIBERTY PLAZA 7TH FLOOR | 2. Issu ABN 3. Date | per Name and Ticke MINDUSTRI e of Earliest Transa 3/2018 | er or Trac ES IN | ding S | Symbol DE/ [ABN | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specification) SVP - Chief Accounting Officer | | | | |
| (Street) NEW YORK NY 10006 (City) (State) (Zip) | 4. If Ar | mendment, Date of | Original | Filed | (Month/Day/Y | 6. Indiv Line) X | ' | | | | |
| Table I - No | n-Derivative S | Securities Acq | uired, | Disp | oosed of, o | or Ben | eficially | Owned | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 5. Amount of Securities Beneficially Owned Followi Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 09/08/2018 | | F | | 1,442 | (D) D | \$33.75 | (Instr. 3 and 4) | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5. Number 6. Date Exercisable and 7. Title and

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--------------------------------------|-----------------------------------------------------------------|--------------------------|-----------------------------------------------|-----------------------------------|---|------------------------------------------------------------------------------|-----|-------------------------------------|------------|-------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Evercisable | Expiration | Title | Amount or Number of | | | | |

Explanation of Responses:

1. Title of 2.

1. Includes 11,279 RSUs, adjusted to reflect the cumulative effect of fractional shares, and DERs related thereto.

3A. Deemed

By: Barbara L. Smithers, by power of attorney

** Signature of Reporting Person Date

8. Price of 9. Number of 10.

09/11/2018

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).

3. Transaction

** 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.