FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | 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

| 1. Name and Address of Reporting Person [*] <u>SMITH BRIAN M</u> | | | | | | | | | | or Tradin ERS (| | ymbol RP [RI | | ck all applic | able) | g Pers | son(s) to Issu | | | | |
|---|---|--|--|---------|---|-----------------|---|------------|------------|--------------------------------------|------|--|-----------------|---|---|---|--|---------------|--|---|--|
| (Last) (First) (Middle) ONE INDEPENDENT DRIVE SUITE 114 | | | | | | Date 0 /06/2 | | iest Trans | sacti | ion (Mon | th/E | Day/Year) | - | below) | er (give title w) President ar | | Other (s below) | pecify | | | |
| (Street) JACKSONVILLE FL 32202 (City) (State) (Zip) | | | | | | If Ame | ndme | nt, Date | of O | riginal Fi | led | (Month/Da | 6. Inc Line) | Form fi | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (0.5) | | | | n-Deriv | vativ | e Se | curit | ies Ac | ·ani | ired C | isi | nosed o | f or Be | nef | icially | , Owned | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | saction | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transacti Code (Ins 8) | ion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | |) or | 5. Amou Securitie Beneficia Owned F | s ally following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code V | , | Amount | (A) c | r _P | rice | Reported Transact (Instr. 3 a | tion(s) | | [| (Instr. 4) | |
| Common Stock 06/06/ | | | | | | | 2014 | | | М | | 11,355 | 5 A | 1 | \$51.36 | 124 | 4,691 | | D | | |
| Common | Stock | | | 06/0 | 6/201 | 4 | | | | F | | 10,87 | 5 D | 1 | \$55.39 | 9 113,816 | | D | | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | | Date Exer piration E onth/Day/ | ate | of Secu Underly Derivat | | . Title and Amount of Securities Inderlying Perivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | ite ercisable | | xpiration late | Title | or Nui of | nount mber ares | | | | | | |
| Employee Stock Option (Right to Buy) | \$51.36 | 06/06/2014 | | | М | | | 11,355 | | (1) | 0 | 1/17/2015 | Common Stock | 11 | ,355 | \$0 | 0 | | D | | |

Explanation of Responses:

1. All options are presently exercisable.

Remarks:

/s/ Michael B. Kirwan, Attorney-in-Fact for Brian M.

06/10/2014

Smith

** 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.