Reece Henry Wade Form 4 May 25, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31, Expires:

2005 Estimated average burden hours per

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

Common

Stock (1)

05/23/2018

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Reece Henry Wade | | | Symbol HORAC | | Ticker or Trading N EDUCATORS N] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|-------------------------|------------|-------------------------|-------------------------|--|---|--------------|--------------|--|--|
| (Last) | (First) | (Middle) | 3. Date of (Month/D | Earliest Tr ay/Year) | ansaction | Director Officer (gives | ve title Oth | | | |
| 1919 REID STREET | | 05/23/20 | 018 | | , | 2772) | | | | |
| (Street) | | | 4. If Amer | ndment, Da | te Original | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Mon | th/Day/Year |) | Applicable Line) | | | | |
| RALEIGH, NC 27608 | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Zip) | Table | e I - Non-D | erivative Securities Ac | quired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of | 2. Transaction D | ate 2A. De | emed | 3. | 4. Securities | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) Execut | | on Date, if Transaction | | onAcquired (A) or | Securities | Form: Direct | Indirect | | |
| (Instr. 3) | | any | | Code | Disposed of (D) | Beneficially | (D) or | Beneficial | | |

(Instr. 8)

A

(Instr. 3, 4 and 5)

(A)

or

Price

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

(Month/Day/Year)

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Owned

Following

Reported

Transaction(s)

(Instr. 3 and 4)

2,994.055

Indirect (I)

(Instr. 4)

D

Ownership

(Instr. 4)

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

Code V Amount (D)

2,125

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|---------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Under Securi (Instr. | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Reece Henry Wade 1919 REID STREET RALEIGH, NC 27608

Signatures

Linea K. Michael, Attorney in Fact for H. Wade Reece

05/25/2018

**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) The acquisition of Common Stock reported hereby is in the form of restricted stock units which will vest in full on May 23, 2019.
- (2) Granted as compensation for services.

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.

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