FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name **and** Ticker or Trading Symbol

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours nor response.	0.5								

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person

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

<u>KOER</u>	TNER W	ILLIAM A				IYK	<u>GK</u>	OUP I	NC.	[MY	RG]		I .	X Directo		109	6 Owner
(Last) MYR GI	(F ROUP INC.	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019								Officer below)	(give title	Oth belo	er (specify ow)
1701 GO	LF ROAD	SUITE 3-1012			-	If Ama		nt Doto	of Orion	inal File	nd (Manth/Day	· (\(\(\cor\) \)	C 1	adicide al au 1	laint/Craun	Filing (Charl	Applicable
(Street) ROLLIN MEADO	- 11		60008		4. If Amendment, Date of				of Original Filed (Month/Day/Year)					e) X Form f Form f	lividual or Joint/Group Filing (Check Ap Form filed by One Reporting Perso Form filed by More than One Repo Person		
(City)	(S	tate)	(Zip)														
		Tal	ole I - N	lon-Der	ivativ	e Se	curi	ties A	cquire	ed, Di	isposed o	f, or Be	neficial	ly Owned			
Date		2. Transac Date (Month/Da		//Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)				Acquired (A) or (D) (Instr. 3, 4 and 5)		5. Amou Securiti Benefici Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)		(Instr. 4)			
Common	ommon Stock 02/20/2		2019	19		M		8,431	A	\$24.68	311	1,675	D				
Common	Stock			02/20/	2019				S		8,431	D	\$35.0687	37 ⁽²⁾ 303,244 D			
Common	Stock			02/21/	2019				M		128	A	\$24.68	68 303,372 D		D	
Common Stock 02/21/20			2019)19		S		128	D	\$35.05	303	3,244	D				
			Table I								posed of, convertib			Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)			6. Date Exercisab Expiration Date (Month/Day/Year)		ate Amount of		of es ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Owner Form: Direct or Indi (I) (Ins	Beneficial Ownership rect (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	лі(5)	
Non- Qualified Stock Option	\$24.68	02/20/2019			M			8,431 ⁽¹⁾	03/2	5/2014	03/31/2021	Commor Stock	8,431	\$0	3,034	D	
Non- Qualified	\$24.68	02/21/2019			М			128 ⁽¹⁾	03/2	5/2014	03/31/2021	Commor	128	\$0	2,906	D	

Explanation of Responses:

- $1.\ The\ transactions\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ November\ 30,\ 2018.$
- 2. Represents a weighted average price per share of 8,431 shares of common stock sold in 16 transactions, ranging in price from \$35.00 to \$35.16 per share. The reporting person undertakes to provide, upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price within the range.

Remarks:

Stock

Option

/s/ Gerald B. Engen, Jr. as Attorney-in-Fact for William A. 02/22/2019 **Koertner**

** Signature of Reporting Person Date

Stock

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.