

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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | ool | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------------------------------------|--------------|--|--|---|--|-------|--|---|--------------------|--|---|------------------------|---|---|------------|
| Garratt Joh | n W | | | DC |)LI | LAR G | ENER | RAL | COl | RP [DO | G | | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director 10% Owner | | | | |
| | | | | | | | | | | | | X_ Officer (give title below) Other (specify below) EVP & Chief Financial Officer | | | | |
| 100 MISSION RIDGE | | | | | 3/16/2021 | | | | | | | EVF & Chief | rmancia | Officer | | |
| (Street) | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | D/YYYY) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| GOODLETTSVILLE, TN 37072 | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | |
| | | | Table I - | Non-Der | ivati | | | | ed, D | isposed o | of, or Be | neficially Owne | ed | | | |
| 1.Title of Security (Instr. 3) | | |] | Date 2A. Deemed Execution Date, if any | | 3. Trans. Code (Instr. 8) | | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | |) F | . Amount of Securiti following Reported T Instr. 3 and 4) | ies Beneficially Owned Fransaction(s) | | | of Indirect Beneficial | |
| | | | | | | Code | v | Amou | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) (Instr. 4) | Ownership (Instr. 4) | |
| | Tab | ole II - Der | ivative Se | ecurities l | Bene | eficially | Owned | (e.g., | puts, | calls, wa | arrants, | options, conver | tible secu | ırities) | | |
| Security | or Exercise Price of Derivative | Date I | 3A. Deeme Execution Date, if any | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | Securities Beneficially Owned | Ownership Form of Derivative Security: | Beneficial |
| | Security | | | Code | V | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |
| Employee Stock Option (Right to Buy) | \$193.55 | 3/16/2021 | | A | | 19676 | | (1 | 1) | 3/16/2031 | Common Stock | 19676 | \$0 | 19676 | D | |

Explanation of Responses:

(1) The option vests in four annual installments of 25% beginning on April 1, 2022, subject to certain forfeiture and accelerated vesting provisions.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|------------------------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Garratt John W | | | | | | | |
| 100 MISSION RIDGE | | EVP & Chief Financial Office | | | | | |
| GOODLETTSVILLE, TN 37072 | | | | | | | |

Signatures

| /s/ John Garratt | 3/18/2021 | | |
|---------------------------------|-----------|--|--|
| **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 control number.