FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| haiira nar raananaa. | 0.5 | | | | | | | |

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* Alexander Robert M. (Last) (First) (Middle) 1680 CAPITAL ONE DRIVE | | | | | | | | | | | | | | | Check all ap Dire • Offic | ctor er (give title | | 10% C | Owner (specify |
|--|--------------|--|------------------|---|--------------------------|---|--------|--------------------------------|------------------------------------|-------|-----------------------|--------------|---|--|--|---|--|--------------------------------|-------------------|
| | | | | | | ate of 21/20 | | t Trans | saction (| Month | ı/Day/Year) | | beid | below) below) Chief Information Officer | | | | | |
| (Street) MCLEA | | | 22102 | | 4. If Amendment, Date of | | | | of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | | (Zip) | n-Deriv | ative | Sec | uritio | s Δ C | nuired | l Die | n beans | of or | Ren | nefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | (A) or | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | ction(s) 3 and 4) | | (Instr. 4) | |
| Common | Stock | 02/21/20 | | | 2010 |) | | | F ⁽¹⁾ | | 1,143 | 143 D \$3 | | \$37. | 79 11 | 114,529 | | D | |
| Common | Stock | | | | | | | | | | | | | | 6,641 ⁽²⁾ I | | I | By 401(k) | |
| Common | Stock | | | | | | | | | | | | | | 2 I | | I | Robert M. Alexander UGMA | |
| Common | Common Stock | | | | | | | | | | | | | 100 | | I | The Alexander Fund | | |
| | | Ta | able II - | | | | | | | | osed of, convertib | | | | - | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) 4. Tran Code 8) | | | | 6. Date Expirati (Month) | ion Da | | | J nstr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | ımber | | | | | |

Explanation of Responses:

- 1. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock granted on February 21, 2008. This is authorized in the applicable restricted stock award agreement.
- 2. Represents the reporting person's equivalent share ownership in the Company's 401(k) Plan, a unitized plan, as of the date of the latest reported transaction.

Remarks:

Tangela S. Richter (POA on <u>file)</u>

02/23/2010

** 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.