Form

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"date">June 12, 2015

| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | NT | OMB APPROVAL | |
|---|---|---|------------------------------|------------|--|--|--|---|
| Check this box | | Wa | Washington, D.C. 20549 | | | | Number: | 3235-0287 |
| if no longer | STATEMEN | TATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES | | | | | Expires: | January 31, 2005 |
| Section 16. Form 4 or | | | | | | | Estimated burden hou response | irs per |
| -1-1: | ction 17(a) of | | Itility Hol | ding Cor | npany Act | nge Act of 1934, of 1935 or Secti 940 | | |
| (Print or Type Responses |) | | | | | | | |
| 1. Name and Address of JENKINS A DALE | Symbol POWE | er Name and RSECUR | E | ç | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | INTER | NATION | AL, INC | C. [POWR] | (Chi | eck all applicabl | 5) |
| (Last) (Firs 4805 FOX BRANC | (Month/I | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015 | | | | | | |
| (Stree RALEIGH, NC 276 | | 4. If Amendment, Date 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) (State | e) (Zip) | 71 - 1 | 1. T. N | | G | | . f D f t. | |
| | | | | 4. Securit | | 5 . Amount of | 6. Ownership | - |
| | 2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D | | Date, if Transaction Code | | | S. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct [D) or Indirect [I] [Instr. 4] | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code V | Amount | or (D) Price | (Instr. 3 and 4) | | |
| Reminder: Report on a se | eparate line for e | ach class of sec | urities bene | - | | or indirectly. | ection of | SEC 1474 |

information contained in this form are not (9-02) required to respond unless the form

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

required to respond unless the form displays a currently valid OMB control

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Code | 5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | erivative Expiration Date rities (Month/Day/Year) Underlying Sec (Instr. 3 and 4) uired or osed of r. 3, 4, | | Securities | 8. Pr Deriv Secu (Inst | |
|---|---|---|--------|--|---|--------------------|-----------------|--|----|
| | | | Code V | (A) (D) |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Stock Units | <u>(1)</u> | 06/10/2015 | А | 3,228 | (2) | (2) | Common Stock | 3,228 | \$ |

Reporting Owners

| Reporting Owner Name / Add | ress | Relationships | | | | | | |
|--|-------|---------------|-----------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| JENKINS A DALE 4805 FOX BRANCH COU RALEIGH, NC 27614 | RT | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ A. Dale Jenkins | 06/10 | /2015 | | | | | | |
| **Signature of Reporting Person | Da | te | | | | | | |

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) Each restricted stock unit represents the right to receive, at settlement, one share of common stock of the Issuer.
- (2) Annual director equity grant, vesting in four equal quarterly installments through June 10, 2016. Settlement of the RSUs and delivery of vested shares will occur or upon termination of service as a director.

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.