FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C. 20549	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

	nd Address of Thomas	Reporting Person*  M							NDUS		ES INC	[ FLXS		neck all appli	cable)	ing Per	son(s) to 1 10% (	
(Last)	) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2020								Officer	Officer (give title below)			specify
(Street) DUBUQUE IA 52004  (City) (State) (Zip)					4. If	4. If Amendment, Date 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				
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	es Ac	quired	l, Di	sposed o	of, or Be	neficia	Ily Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Exe () if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o			r 5. Amount of Securities Beneficially Owned Follow		Form: (D) or		7. Nature of Indirect Beneficial Ownership		
							v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
			03/09/2020					A		998(1)	A	\$12.5	4 14,	14,585		D		
Common Stock											634	634(2)		I	2013 Revocable Trust of Thomas, Thomas M Levine TTEE			
		Т	able II								oosed of converti			y Owned				
Derivative C Security (Instr. 3) F	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	med	ed 4. Date, Transact Code (In		5. Number tion of		6. Date Exercis Expiration Date (Month/Day/Ye		sable and te	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	d f s g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	re es ally ng d tion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Option 12- 10-2013	\$27.38								12/10/20	013	12/10/2023	Common Stock	2,750		2,75	50	D	
Option 12/09/2014	\$32.13							ΙĪ	12/09/20	014	12/09/2024	Common	2,750		2,75	50	D	1

## Explanation of Responses:

- $1. \ Restricted \ stock \ award \ granted \ in \ the \ following \ amount \$12,514 \ divided \ by \ the \ closing \ price \ of \$12.54 \ on \ March \ 10,2020.$
- $2. \ On \ 1/9/2020, ownership of 634 \ shares \ was \ transferred \ from \ Thomas \ M \ Levine \ to \ 2013 \ Revocable \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ TTEE \ account \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ to \ 2013 \ Revocable \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ to \ 2013 \ Revocable \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ TTEE \ account \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ TTEE \ account \ Trust \ of \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ Trust \ of \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ Trust \ of \ Trust \ of \ Thomas, \ Thomas \ M \ Levine \ of \ Trust \ of \ of \ Trust \ of \ of \ Trust \ of \ of \ Trust \ of \ of \ Trust \ of \ of \ of \ of \ of \ of$

/s/ Jennifer Zeman, attorney-infact 03/11/2020

\*\* 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.