FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.O. 200

l	UNIB APPRO	VAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						Section	011 30(11)	טו נוופ	investii	ient C	оттра	ily ACLC	JI 1840							
1. Name and Address of Reporting Person* Russell Angus C.							Name ar IME II				Symb	bol		Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					- 1				L	,) X	X Director			10% O	wner		
(Last) (First) (Middle) 1010 ATLANTIC AVENUE, SUITE 102						Date o	of Earliest	Trans	saction	(Month	n/Day/	Year)		Officer (give title Other (spec below) below)				specify		
					_ 4.	If Ame	ndment,	Date	of Origin	nal File	ed (Mo	onth/Dav	y/Year)		6. In	dividual or J	loint/Group	Filing	(Check Ap	plicable
(Street)							,				(,,		Line				, (,,
ALAMEDA CA 94501															X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)						Person														
		Tat	ole I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quire	d, Di	spos	sed of	f, or B	enef	icially	/ Owned				
Da				Date	Fransaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		on Di	Disposed Of (D		Acquired (A) or f (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Cod	ie V	Aı	mount	(A) (D)	or F	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Common	Shares, no	par value														67,	,500		D	
			Table II -	Deriva	ative	Seci	urities	Aca	uired.	Dis	pose	ed of.	or Ber	efic	ially	Owned				
							s, warr													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,		nsaction of E			Expirat	Expiration Date (Month/Day/Year)				7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir	Ownership	Beneficial Ownership ct (Instr. 4)
														or	nount mber					
					Code	v	(A)	(D)	Date Exercis	sable	Expir Date	ration	Title	of	ares					
Option to Purchase Common Shares	\$2.06	07/01/2018			A		40,000		(1))	06/30	0/2023	Commor Shares	40	,000	\$0.00	40,000	0	D	
Option to Purchase Common Shares	\$3.15								(2)	1	06/30	0/2022	Commor Shares	20	,000		20,000	0	D	
Option to Purchase Common Shares	\$2.72								(3)		06/30	0/2021	Commor Shares	20	,000		20,000	0	D	
Option to Purchase Common Shares	\$3.57								(4)		06/30	0/2020	Commor Shares	20	,000		20,000	0	D	

(5)

Explanation of Responses:

\$3.17

- 1. Will become exercisable on June 30, 2019, based upon continued service on the board of directors.
- $2. \ Became \ exercisable \ in \ four \ equal \ quarterly \ installments \ after \ the \ date \ of \ grant \ on \ July \ 1, \ 2017.$
- 3. Became exercisable in four equal quarterly installments after the date of grant on July 1, 2016.
- 4. Became exercisable in four equal quarterly installments after the date of grant on July 1, 2015.
- 5. Became exercisable in four equal quarterly installments after the date of grant on December 12, 2014.

Remarks:

Option to Purchase

Common Shares

/s/Angus C. Russell

Common

12/11/2019

07/03/2018

20,000

D

** Signature of Reporting Person

20,000

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.