FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours por rosponso:	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 or Section 30(h) of the Investment Company Act of 1940

	nd Address of <mark>Villiam E</mark>	Reporting Person* <u>Jr.</u>			Qı	ıane	x Buil	ding	ker or Trading Produc	ts (	CORP	[ NX ]	(Che	elationship o eck all applic C	able)	Persor	n(s) to Issu		
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023							Officer below)	(give title	Other (specification)		ecify		
1800 W LOOP SOUTH, SUITE 1500				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON TX	ζ	77027											_	led by One I led by More	•	Ü	ng	
(City)	(St	ate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication								reisur					
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								to					
		Tab	le I - Non	-Deriv	vativ	e Se	curities	Ac	quired, D	isp	osed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					Execution Date,		, Transaction Disposed ( Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	/	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		"	nstr. 4)		
		٦	Table II - [						uired, Dis					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y D o (!	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Phantom Stock Units <sup>(1)</sup>	(2)	08/23/2023			A		843.29		(2)		(2)	Common Stock	843.29	\$25.94	11,008.756	5(3)	D		

## **Explanation of Responses:**

- 1. Units credited to the participant's account under the Deferred Compensation Plan as a result of deferral of Director Compensation.
- 2. Each Phantom Stock Unit is the economic equivalent of one share of common stock. Distributions under the Deferred Compensation Plan are made in cash beginning on a specified date selected by the participant or upon the participant's death, disability, or termination of service as a director.
- $3. \ Includes \ 30.198 \ phantom \ stock \ units \ credited \ to \ the \ participant's \ account \ as \ a \ result \ of \ automatic \ dividend \ reinvestment.$

/s/ Paul B. Cornett, Power of 08/25/2023 **Attorney** 

\*\* 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.