## Edgar Filing: FLOWERS CLARENCE B. - Form 4

FLOWERS CL	ARENCE B.								
Form 4									
March 28, 2019	)								
FORM 4	1							OMB AF	PROVAL
	UNITEDSI	TATES SECURI Wash	TIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287
Check this b	OX							Expires:	January 31,
if no longer subject to	STATEME	NT OF CHANG	ES IN BI	ENEFIC	CIAL	OWN	<b>ERSHIP OF</b>	Estimated a	2005 Verage
Section 16.		S	SECURIT	<b>FIES</b>				burden hour	
Form 4 or								response	. 0.5
Form 5 obligations	<b>^</b>	ant to Section 16(				•			
may continue See Instruction	e	of the Public Util 30(h) of the Inve	•	• •	•			1	
1(b).									
(Print or Type Resp	ponses)								
1. Name and Addr FLOWERS CL	ess of Reporting Per ARENCE B.	rson <sup>*</sup> _ 2. Issuer N Symbol	lame <b>and</b> T	icker or T	rading		5. Relationship of Issuer	Reporting Pers	on(s) to
		Consolida	ated Wate	r Co. Lto	1.		(Checl	c all applicable	)
		[CWCO]					`		
(Last)	(First) (Mid	dle) 3. Date of E	arliest Tran	saction			_X_Director		Owner
		(Month/Day					Officer (give t below)	below)	r (specify
PO BOX 1114		03/26/201	9				,	,	
	(Street)	4. If Amend	lment, Date	Original			6. Individual or Jo	int/Group Filin	g(Check
		Filed(Month	/Day/Year)				Applicable Line)		
							_X_ Form filed by O Form filed by M		
GRAND CAY	MAN, E9 KY1-1	1102					Person		porting
(City)	(State) (Zi	p) Table 1	I - Non-Der	ivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficiall	y Owned
1.Title of	2. Transaction Date		3.			-	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio		ispose	d of	Securities	Ownership	Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(D) (Instr 3	4 and	5)	Beneficially Owned	Form: Direct (D) or	Ownership
		(Woldin Duy, Tour)	(11301.0)	(1150.5,	i unu	5)	Following	Indirect (I)	(Instr. 4)
					(A)		Reported	(Instr. 4)	
					or		Transaction(s)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
COMMON STOCK	03/26/2019		S	6,603	D	\$ 13.5	21,873	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / A	Address		Relationsh		
		ector	10% Owner	Officer	Other
FLOWERS CLARENCE	B.				
PO BOX 1114		Х			
GRAND CAYMAN, E9 K	XY1-1102				
Signatures					
/s/ Clarence B.					
Flowers	03/28/2019				
<u>**</u> Signature of Reporting Person	Date				

## **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).

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.