## Edgar Filing: KEEGAN BRENDAN - Form 4

| KEEGAN B                                                                       | RENDAN                                                  |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|
| Form 4                                                                         | • • • •                                                 |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
| January 05, 2                                                                  | ПЛ                                                      |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                | OMB A                                                                | PPROVAL   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |                                                         |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                | OMB<br>Number:                                                       | 3235-0287 |  |
| Check th<br>if no long                                                         | aar                                                     | X                                                                                                                                                      |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
| subject to<br>Section 1<br>Form 4 c<br>Form 5                                  | o <b>SIAIE</b><br>16.<br>or                             | <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
| obligatio<br>may con<br><i>See</i> Instr<br>1(b).                              | tinue. Section 17                                       | (a) of the                                                                                                                                             | Public U                        |                                                                                                                 | ling Con  | npan                                                                                                                                                                                    | y Act of                                                                                               | 1935 or Section                                                                                | 1                                                                    |           |  |
| (Print or Type ]                                                               | Responses)                                              |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
| 1. Name and A<br>KEEGAN F                                                      | Symbol<br>MARRI                                         | Name and<br>OTT INT<br>D/ [MAR                                                                                                                         | ERNAT                           |                                                                                                                 | -         | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                           |                                                                                                        |                                                                                                |                                                                      |           |  |
|                                                                                |                                                         | -                                                                                                                                                      |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        |                                                                                                |                                                                      |           |  |
| (Last)                                                                         | (First)<br>NWOOD ROAI                                   | 3. Date of (Month/D 01/03/2)                                                                                                                           | -                               | ansaction                                                                                                       |           |                                                                                                                                                                                         | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>VP: EVP Human Resources |                                                                                                |                                                                      |           |  |
| DETHESD                                                                        | 4. If Amendment, Date Original<br>Filed(Month/Day/Year) |                                                                                                                                                        |                                 |                                                                                                                 |           | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                                                                        |                                                                                                |                                                                      |           |  |
| DEINESDA                                                                       | A, MD 20817                                             |                                                                                                                                                        |                                 |                                                                                                                 |           |                                                                                                                                                                                         |                                                                                                        | Person                                                                                         |                                                                      |           |  |
| (City)                                                                         | (State)                                                 | (Zip)                                                                                                                                                  | Tabl                            | e I - Non-D                                                                                                     | erivative | Secur                                                                                                                                                                                   | ities Acq                                                                                              | uired, Disposed of                                                                             | , or Beneficial                                                      | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                           | 2. Transaction Da<br>(Month/Day/Year                    | r) Execution<br>any                                                                                                                                    | med<br>on Date, if<br>Day/Year) | 3. 4. Securities Acquired<br>Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A) |           |                                                                                                                                                                                         | d of (D)                                                                                               | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(c) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |           |  |
| Class A                                                                        |                                                         |                                                                                                                                                        |                                 | Code V                                                                                                          | Amount    | or<br>(D)                                                                                                                                                                               | Price                                                                                                  | Transaction(s) (Instr. 3 and 4)                                                                |                                                                      |           |  |
| Common<br>Stock -<br>Deferred<br>Stock<br>Bonus<br>Award                       | 01/03/2006                                              |                                                                                                                                                        |                                 | F                                                                                                               | 138       | D                                                                                                                                                                                       | \$<br>67.02                                                                                            | 23,193                                                                                         | 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

### Edgar Filing: KEEGAN BRENDAN - Form 4

#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transactio<br>(Month/Day/ | /Year)   | 3A. Deemed<br>Execution Date, i<br>any<br>(Month/Day/Yea | Code<br>ır) (Instr. 8 | <ul> <li>5.</li> &lt;</ul> | 5         | ate   | Secur<br>(Instr | Amount<br>or | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|--------------------------------------|-----------------------------------------------------------------------|------------------------------|----------|----------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-----------------|--------------|-----------------------------------------------------|-----------------------------------------------------------------------------|
| -                                    | •                                                                     |                              |          |                                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                 |              |                                                     |                                                                             |
| Reporting                            | <b>Owner Name / Address</b>                                           |                              |          |                                                          | Relation              | ships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |       |                 |              |                                                     |                                                                             |
|                                      |                                                                       |                              | Director | r 10% Owner                                              | Officer               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | Other |                 |              |                                                     |                                                                             |
| 10400 FEI                            | BRENDA<br>RNWOOD<br>DA, MD 20                                         | ROAD                         |          |                                                          | VP: EV                | P Human F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Resources |       |                 |              |                                                     |                                                                             |
| Signat                               | tures                                                                 |                              |          |                                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                 |              |                                                     |                                                                             |
| •                                    | R. Cooper                                                             | ,                            |          | 01/05/20                                                 | 06                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |       |                 |              |                                                     |                                                                             |

Attorney-In-Fact

\*\*Signature of Reporting Person

Date

01/05/2006

## **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.