FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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 <u>W. Patrick</u> | Reporting Person* | | | | | | | NDS INC | | | | | Relationship neck all appli X Directo | cable) or | g Pers | 10% Ow | ner |
|--|--|--|--|-----------------|---|------|----------|--|---|------|------------------|--|--|---|--|---|--|--|
| (Last) | (Fi J ITY BRA I | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2020 | | | | | | | below) | (give title | | Other (s below) | pecify | | |
| 1170 PE | ACHTREE | STREET, NE, S | TE. 2300 | | 4. If | Amer | ndment | t, Date | of Original F | iled | (Month/D | ay/Year) | 6. Lir | Individual or | Joint/Group | Filing | J (Check Ap | plicable |
| (Street) ATLAN | TA GA | A 3 | 30309 | | | | | | | | | | | X Form | filed by More | • | orting Person | |
| (City) | (St | rate) (| Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (In | Transaction Disposed Of (D) (Instr. 3, 4 | | | | Benefici | es ally Following | Form: (D) or | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | Transaci (Instr. 3 | ion(s) | | | (Instr. 4) |
| 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) | 3A. Deemed Execution D if any (Month/Day/ | Date, T | I. Fransaction Code (Instr. 3) | | າ of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | opiration ate | Title | Amount or Number of Shares | | | | | |
| Stock Units | (1) | 11/02/2020 | | | A | | 400 | | (2) | | (2) | Common Stock | 400(3) | \$90.71 | 5,426 | | D | |

Explanation of Responses:

- 1. 1-for-1
- 2. Stock Units issued pursuant to the Plan are payable in common shares upon retirement in either a lump sum or five annual installments.
- 3. Stock Units are accrued under the Issuer's Nonemployee Directors' Deferred Compensation Plan (formerly known as the Nonemployee Directors' Stock Unit Plan) and are payable in shares upon retirement in either lump sum or five annual installments. Accruals include required and elective deferral of director fees. During the Reporting Period, fees paid to the Reporting Person resulted in an increase in the number of units held.

Remarks:

/s/ Jill A. Gilmer under Power 11/04/2020 of Attorney for W. Patrick **Battle**

** 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.