FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SHATTUCK KOHN BARBARA				uer Name and Ticke NN NATIONA					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>SHAITUCK</u>	NUTIN DA		te of Earliest Transa				X	Officer (give title		(specify					
(Last) (First) (Middle) 825 BERKSHIRE BLVD SUITE 200				3/2014	ouon (w		Suy, Toury		below)	below)					
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
WYOMISSING	PA	19610								Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)								F 613011					
		Table I - Nor	n-Derivative	Securities Acq	uired,	Dis	oosed of, o	or Ben	eficially	Owned					
1 11 01 000 (0)			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			

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

M

D

M

D

2,371

2,371

1,642

1,642

(1)

\$14.16

(1)

\$14.16

D

A

D

66,493

64,122

65,764

64,122

2,000

D

D

D

T(2)

By

Spouse

			, , ,	• '		•			•		•				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Phantom Stock Unit	(1)	01/03/2014		М			2,371	01/03/2014	01/03/2014	Common Stock	2,371	(1)	0	D	
Phantom Stock Unit	(1)	01/03/2014		M			1,642	01/03/2014	01/03/2014	Common	1,642	(1)	3,283	D	

Explanation of Responses:

Common Stock(1)

Common Stock(1)

Common Stock

Common Stock

Common Stock

1. The recipient receives a cash payment for each unit equal to the fair market value on the vesting date of one share of the Company's Common Stock.

01/03/2014

01/03/2014

01/03/2014

01/03/2014

2. Ms. Shattuck Kohn disclaims beneficial ownership of these shares owned by here spouse, and this report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

> /s/Robert S Ippolito as attorney-in-fact for Barbara

01/07/2014

Shattuck Kohn

** 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.