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NELSON DA Form 4 August 24, 20												
FORM	Л									OMB A	PPROVAL	
	UNITE	D STATE				D EXC D.C. 205		NGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSH SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 of 30(h) of the Investment Company Act of 1940						Act of 1934, 1935 or Sectior	Expires: Estimated a burden hou response	irs per				
(Print or Type Re	esponses)											
1. Name and Ad NELSON DA	dress of Reportin	ng Person <u>*</u>	2. Issuer M Symbol WEST B [WTBA]					D	5. Relationship of Issuer (Checl	Reporting Per		
(Last) (First) (Middle)			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner X Officer (give title Other (specify below) CEO & PRESIDENT			
WEST DES I	(Street) MOINES, IA	50266	4. If Ameno Filed(Month			Original			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Pe	erson	
(City)	(State)	(Zip)	Table	I - Non	-De	rivative S	ecurit	ties Acqu	iired, Disposed of,	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execu any	eemed tion Date, if h/Day/Year)	Code (Instr.	8)	4. Securit r(A) or Di (Instr. 3, Amount	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	08/22/2018			L		350 <u>(1)</u>	А	\$ 24.66	88,075	D		
COMMON STOCK									39,084	Ι	By Katherine A. Nelson Rev Trust	
COMMON STOCK									436 <u>(2)</u>	Ι	By Nicholas Robert Nelson Roth IRA	

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COMMON STOCK	200 <u>(3)</u>	Ι	By Natalie Ann Nelson Roth IRA
COMMON STOCK	22,978 <u>(4)</u>	Ι	By 401(k) Plan

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
NELSON DAVID D 1601 22ND STREET WEST DES MOINES, IA 50266	Х		CEO & PRESIDENT					
Signatures								
Marie I. Roberts, By Power of Attorney	0	8/24/2018						
**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).

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- (1) Shares acquired pursuant to reinvestment of dividends received into purchases of new shares.
- (2) 4 shares acquired pursuant to reinvestment of dividends received into purchases of new shares.
- (3) 1 share acquired pursuant to reinvestment of dividends received into purchases of new shares.
- (4) 179 shares were acquired pursuant to dividend reinvestment purchases in the employee savings plan 401(k) during the period from April 1, 2018 through June 30, 2018.

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.