\Box

____ (City)

| SEC For | n 4 FORM | А | UNITER |) STA | TES | S | ECURITIE | S AN | | ТСНА | NGF | = CO | MMISSI | ON | | | | |
|--|---|---|--|-----------------------------------|--|---|---|---|--|--------------------|------------|--|--|----------------------------------|---|---|--|--------------------------------------|
| | | - f | | | | | gton, D.C | | | | | | | | OMB | APPRO | VAL | |
| Check t Section obligatio Instructi | STAT | STATEMENT OF CHANGES IN BENEFICIAL OWNERS | | | | | | | | | | IP OMB Num Estimated hours per | | | rage burden onse: | 3235-0287 0.5 | | |
| 1. Name and Address of Reporting Person* 2. Issu | | | | | Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
| (Last) 10400 VI SUITE 25 | (F KING DRI 50 | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2016 | | | | | | | | | Officer (gi below) | ve title | | Other (below) | | | |
| (Street) EDEN PF | RAIRIE M | 55344 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | , | |
| (City) | (5 | State) | (Zip) | | | _ | | <u> </u> | | | | | | | | | | |
| 1. Title of S | ecurity (Insti | Table I - Nor | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4 | | A) or | 5. Amount Securities Beneficially Following F | / Owned Reported | Owned (D) or eported (I) (Ins | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactior (Instr. 3 and | | | | (Instr. 4) |
| Common Stock | | | | 12/13 | 12/13/2016 | | | С | 1,114,043 ⁽¹⁾ A | | (1) | 2,775,538 | | 1 | D ⁽²⁾ | | | |
| | | | | | | | urities Acqu s, warrants | | | | | | | ned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. S) 8) | | Der Sec Acc Dis | Number of rivative curities quired (A) or sposed of (D) str. 3, 4 and 5) | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te | e Secu | | Title and Amount of curities Underlying rivative Security (Instr. nd 4) | | 9. Number derivative Securities Beneficial Owned Following Reported | ve es ially ng | e Ownersh s Form: ally Direct (D) or Indirec g (I) (Instr. | Beneficial Ownershi (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | N | nount or umber of nares | | | ction(s) | | |
| Series A Convertible Preferred Stock | (1) | 12/13/2016 | | с | | | 2,506.5968 ⁽¹⁾ | (1) | | (1) | Com Sto | | ,114,043 ⁽¹⁾ | \$0 | C | 1 | D ⁽²⁾ | |
| | | Reporting Person [*] ARTNERS II, | LP | | | | | | | | | | | | | | | |
| (Last) 10400 VI SUITE 25 | KING DRI 50 | (First) VE | (Middle) | | | | | | | | | | | | | | | |
| (Street) EDEN PF | RAIRIE | MN | 55344 | | | - | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | - | | | | | | | | | | | | |
| | | Reporting Person [*] ARTNERS II | MANAGEN | <u>1ENT</u> | , | | | | | | | | | | | | | |
| (Last) 10400 VI SUITE 25 | KING DRI 50 | (First) VE | (Middle) | | | | | | | | | | | | | | | |
| (Street) EDEN PF | RAIRIE | MN | 55344 | | | _ | | | | | | | | | | | | |

Explanation of Responses:

1. All outstanding shares of the Issuer's Series A Convertible Preferred Stock converted on a 1:444.444444 basis into shares of the Issuer's Common Stock. These shares have no expiration date.

2. The securities are owned directly by SRP II. Voting and investment power over the securities is delegated to Split Rock Partners II Management, LLC ("SRPM II"), the general partner of SRP II. SRPM II has delegated voting and investment decisions to three individuals who require a two-thirds vote to act. SRPM II disclaims beneficial ownership of the securities except to the extent of any pecuniary interest therein.

/s/ Stacy M. Campbell-Kraft, 01/27/2017 Authorized Representative /s/ Stacy M. Campbell-Kraft, 01/27/2017 Authorized Representative ** Signature of Reporting Person Date

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

(Zip)

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

(State)

** 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.