| SEC Form 4 |
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

| OMB Number: 3235-0287 | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| lied pursuant to Section 16 | (a) of the Securities Exchange Act of 1934 |
|-----------------------------|--|
| or Section 30(h) of the | e Investment Company Act of 1940 |

| 1 | Idress of Reporting | g Person [*] | | uer Name and Tick | • | Symbol NAL, INC [EAT | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---------------------|-----------------------|----------------|---------------------------------|------------------|---------------------------|--|--|-----------------|---------------|--|--|
| Lousignont Charles A (Last) (First) 3000 OLYMPUS BLVD. | | | | te of Earliest Transa 2/2020 | | | x | Director Officer (give title below) SVP, Chief Su | below | (specify) | | |
| (Street) DALLAS (City) | TX (State) | 75019 (Zip) | 4. If <i>F</i> | Amendment, Date of | f Original Filed | (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Grou Form filed by On Form filed by Mo Person | e Reporting Per | son | | |
| | | Table I - No | n-Derivative S | Securities Acq | uired, Disp | oosed of, or Benef | ficially | ^v Owned | | | | |
| 1. Title of Secu | rity (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A | | 5. Amount of | 6. Ownership | 7. Nature | | |

| | Date Execution Date (Month/Day/Year) if any (Month/Day/Ye | | Transa Code (8) | | Disposed Of 5) | (D) (Insti | : 3, 4 and | Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | |
|--------------|---|--|------------------------|---|-------------------|---------------|------------|------------------------------------|---|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) | |
| Common Stock | 09/02/2020 | | S | | 6,600 | D | \$47 | 18,586 | D | | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Ex Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Da | | 6. Date Exerc Expiration Da (Month/Day/Y | 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 | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

Remarks:

<u>Christopher L. Green,</u> <u>Attorney-in-Fact for Charles</u> <u>09/03/2020</u>

<u>A. Lousignont</u>

A. LOUSIGNONL

** 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.