FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

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> Annuity Trust II

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

		01 0	Decision 30(11) of the	IIIVCSIII	iciii C	ompany Act of	1340						
1. Name and Address of Reporting Person* GAUTREAUX WILLIAM C			suer Name and Tic estwood Equi				5. (C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 2 BRUSH CREEK BLVD., SUITE 200			ate of Earliest Trans 30/2017	saction	(Mont	h/Day/Year)		X Officer (give title Other (specify below) below) Chief Marketing Officer					
(Street) KANSAS CITY MO 64112 (City) (State) (Zip)			Amendment, Date of	of Origi	nal Fil	ed (Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	lon-Deriva	ative	Securities Ac	quire	d, Di	sposed of	, or Be	neficia	ally Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/	on	Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(113411 4)		
Common Units	06/30/20)17		F		48,787	D	\$23.0	138,195	D			
Common Units	06/30/20)17			15,877(1)	A	\$23.5	154,072	D			
Common Units									371,762	I	Trustee of the William C. Gautreaux Revocable Trust under Trust Indenture		
Common Units									92,207	I	Co-trustee of the William C. Gautreaux 2005 Grantor Retained Annuity Trust		
Common Units									5,665	I	Co-trustee of the William C. Gautreaux 2007 Grantor Retained Annuity Trust II		
Common Units									1,874	I	Co-trustee of the William C. Gautreaux 2008 Grantor		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ate,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V		Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)				
Common Units Table II											osed of,			y Owned	,019		I	Trustee of the Gautreaux Family Irrevocable Trust U/A dated 12/21/2012
1. Title of Derivative Security (Instr. 3)			4. Transa Code (5. Number of		mber ative rities ired osed		Exerc	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares					

Explanation of Responses:

1. The vest date on Mr. Gautreaux's February 15, 2017 Performance Unit Grant was accelerated to June 30, 2017 and this transaction represents the net units he received.

Remarks:

/s/ Judy Riddle, attorney-infact for William C. Gautreaux

07/07/2017

** 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.