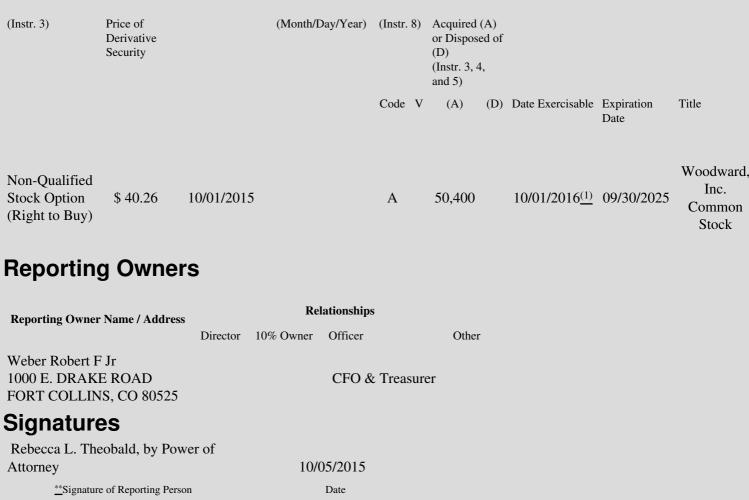
| Woodward, Form 4 | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------|--|
| October 05, | | | | | | | | OMB A | PPROVAL | |
| FORM | UNITED | STATES | | RITIES A | | | E COMMISSION | | 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 OV SECURITIES Filed pursuant to Section 16(a) of the Securities Exchar 30(h) of the Investment Company Act of 1 1(b). | | | | | | | Estimated average burden hours per response age Act of 1934, of 1935 or Section | | | |
| (Print or Type | Responses) | | | | | | | | | |
| 1. Name and Weber Rob | Address of Reporting pert F Jr | Person <u>*</u> | Symbol | er Name an ward, Inc. | | Trading | 5. Relationship o Issuer | | | |
| (Last) (First) (Middle) 1000 E. DRAKE ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015 | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) CFO & Treasurer | | | |
| (Street) FORT COLLINS, CO 80525 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemo Execution any (Month/Da | ed Date, if | 3. | 4. Securit nAcquired Disposed (Instr. 3, 4 | ies (A) or 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 | |
| Reminder: Re | port on a separate line | e for each cl | ass of sec | urities bene | Perso inforn requir | ns who res nation con red to resp nys a curre | or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co | i are not rm | SEC 1474 (9-02) | |

 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. Number of | 6. Date Exercisable and | 7. Title and Ar |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Se |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |



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).

(1) Options become exercisable at the rate of 25% per year beginning October 1, 2016

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.