## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  VIRGINIA RETIREMENT SYSTEMS ET  AL				Bla	ckR	lock	Kels		tal (	CORP [	bkcc	]		k all app Dired Offic	ctor er (give title	X	.0% O Other (		
(Last)	`	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/29/2012								belo	w)	l	elow)		
(Street) RICHMC	OND V		23218 Zip)		4. If <i>i</i>	Amen	dment,	Date o	of Origina	l Filed	i (Month/Da	ay/Year	)	6. Ind Line)	Forn	or Joint/Group on filed by One on filed by Mor oon	e Reportino	Pers	on
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4)					Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount (A) or (D)		or	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock \$0.001 11/29/2					2012	12 s 93,126 D \$		\$9.9755	12,224,876		D								
		Та									sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  A Deen Executio if any (Month/D		n Date, Transacti Code (Ins					6. Date E Expiratio (Month/E	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	(D) rect	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	nber					

**Explanation of Responses:** 

Curtis M. Mattson

11/29/2012

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.