FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average bure	den									

	Check this box if no longer subject to
\neg	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

hours per response: 0.5

Name and Address of Reporting Person* LYONS CARV A							Name an ORI TH				Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>LYONS GARY A</u>						[01111]									X Directo	or		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016									Officer below)	(give title		Other (s below)	specify	
3020 CALLAN ROAD																				
		. 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)															Line)					
SAN DII	EGO C	A	92121											X Form filed by One Reporting Person						
															Form filed by More than One Reporting Person				rting	
(City) (State) (Zip)																				
		Tak	le I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quire	l, Di	sposed	of, c	or Ben	eficiall	y Owned					
1. Title of	Security (Ins	tr. 3)		2. Trans	action		2A. Deeme		3.				Acquired		5. Amou				7. Nature	
Date					Day/Ye	Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4					r. 3, 4 and	4 and Securities Beneficially				of Indirect Beneficial	
l ((,		(Month/Day/Yea								Owned F	ollowing (i) (I		nstr. 4)	Ownership	
									Cod	e V	Amoun	t	(A) or (D) P		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											conver				Ownea					
1. Title of				1 1	4.		5. Number		6. Date Exercisa		icahle and	7 7	7. Title and Amo		8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			Date,	Transa Code (B)		of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	6. Date Exercisable and Expiration Date (Month/Day/Year)			of S Und Dec	of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiratior Date	Titl		Amount or Number of Shares						
Incentive				-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H				+	-				$\overline{}$		 	
Stock Option (Right to	(1)	01/04/2016			A		53,820		(2)		01/04/2020		ommon Stock	53,820	\$0	99,82	0	D		

Explanation of Responses:

- 1. The reporting person received an incentive stock option granted under the Corporation's 2014 Equity Incentive Plan. The exercise price per share to be paid by the reporting person at the time the option is exercised shall be the closing sale price of the Corporation's Common Stock on the NASDAQ Stock Market as of the date of the grant. The closing sale price is \$0.1872.
- 2. Fifty percent (50%) of the option shares shall vest on January 4, 2017 with the remaining fifty percent (50%) of the option shares vesting on January 4, 2018.

Remarks:

Buy)

Jeremy Hayden, by Power of Attorney for Gary A. Lyons

01/04/2016

** 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.