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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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 OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | |
|--------------|----------|--|--|--|--|--|--|
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|-----------------------|-----------|
| Estimated average bur | rden |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] Koontz Richard L Jr | | | SHE | er Name and Ticke CNANDOAH ECOMMUN | Ū | | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner | | |
|--|---------|----------|------------------------|--|-------------------|--|--|---|------------------------------|--------------------------|
| (Last) | (First) | (Middle) | | SHEN] | | | | Officer (give title below) | Other below | (specify /) |
| PO BOX 459 | | | | e of Earliest Transa 7/2014 | ction (Month/I | Day/Year) | | | | |
| (Street) | | | 4. If Ar | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | vidual or Joint/Group | Filing (Check | Applicable |
| EDINBURG | VA | 22824 | | | | | | Form filed by One | e Reporting Per | son |
| (City) | (State) | (Zip) | | | | | | Form filed by More than One Reporting Person | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | 2. Transaction Date | 2A. Deemed Execution Date. | 3. Transaction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. | | Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 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) | | (1150.4) | |
| Common | 03/07/2014 | | A ⁽¹⁾ | | 18.9179 | A | \$26.43 | 7,304.0082 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 1. Title of 11. Nature 3. Transaction 7. Title and 8. Price of Derivative 9. Number of 3A. Deemed 5. Number 10. Derivative Security (Instr. 3) Transaction Code (Instr. 8) Conversion Execution Date Amount of derivative Ownership of Indirect Date (Month/Day/Year) of Derivative Securities Security (Instr. 5) or Exercise if anv Securities Form: Beneficial Beneficially Owned Price of Derivative (Month/Day/Year) Securities Underlying Direct (D) Ownership (Instr. 4) Acquired (A) or Disposed or Indirect (I) (Instr. 4) Derivative Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Expiration Date of v Shares Code (A) (D) Exercisable Date Title

Explanation of Responses:

1. Shares received in lieu of director fees.

Remarks:

Richard L Koontz Jr

03/10/2014

** 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.