| 3 1 1 6 8 SEC Registration Number |
|--|
| A BROWN COMPANY, INC. (Company's Full Name) XAVIERESTATES UPTOWN AIRPORT ROAD BALULANG CAGAYAN DE ORO CITY (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, if applicable |
| (Company's Full Name) X A V I E R E S T A T E S U P T O W N A I R P O R T R O A D B A L U L A N G C A G A Y A N D E O R O C I T Y (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 I 2 3 - B 0 6 |
| X A V I E R E S T A T E S U P T O W N A I R P O R T R O A D B A L U L A N G C A G A Y A N D E O R O C I T Y (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 I 2 3 - B 0 6 |
| A I R P O R T R O A D B A L U L A N G C A G A Y A N D E O R O C I T Y (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, if applicable |
| A I R P O R T R O A D B A L U L A N G C A G A Y A N D E O R O C I T Y (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, if applicable |
| C A G A Y A N D E O R O C I T Y (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 Month Day FORM TYPE Month Day Fiscal Year Secondary License Type, if applicable C G F D |
| (Business Address: No. Street City/Town/Province) Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 Month Day FORM TYPE Month Day Fiscal Year Secondary License Type, if applicable C G F D |
| Allan Ace Magdaluyo Contact Person Company Telephone Number 1 2 / 3 1 |
| Contact Person Company Telephone Number 1 2 / 3 1 |
| Contact Person Company Telephone Number 1 2 / 3 1 |
| Contact Person Company Telephone Number 1 2 / 3 1 |
| Month Day Fiscal Year Secondary License Type, if applicable C G F D |
| Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, if applicable C G F D |
| Fiscal Year Annual Meeting Secondary License Type, if applicable C G F D |
| Secondary License Type, if applicable C G F D |
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| Dept. Requiring this Doc. Amended Articles Number/Section |
| |
| Total Amount of Borrowings |
| -0- |
| Total No. of Stockholders Domestic Foreign |
| |
| To be accomplished by SEC Personnel concerned |
| |
| File number LCU |
| |
| |
| |
| Document I.D. Cashier |
| Document I.D. Cashier |

Remarks = pls. use black ink for scanning purposes

SECURITIES AND EXCHANGE COMMISSION Metro Manila, Philippines

FORM 23-B

REVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Check box if no longer subject Filed pursuant to Section 23 of the Securities Regulation Code to filing requirement

| 1. Name and Address of Reporting Person | | | 2. Issuer Name and Trading Symbol | | | | 7. Relation | ship of Reporting Person to Issuer (Check all applicable) | | · | |
|--|-------------|---------------------------------------|--|--|-----------------------------|--|--------------------|--|---|---|--|
| BROWN | WALTER | W. | A BROWN COMPAI | NY. INC. (BRN) | | | | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | Tax Identification Number | (1) 11(0) (2311) | 5. Statement Month/Yea | | Х | Director Officer | ,,, | 10% Owner Other | |
| | | | 128-993-816 | | | CH 2020 | | (give title below) | | (specify below) | |
| 10 GIRAFFE ST., GRE | | 'S III SUBD. | | | | | | • | | . , | |
| | (Street) | | 4. Citizenship FILIPINO | | 6. If Amenda Original (M | | | | CHAIRMAN | | |
| QUEZON CITY | | | <u>.</u> | | | | | | | | |
| (City) | (Province) | (Postal Code) | | | | | Table 1 - Ec | uity Securities Beneficially Owned | | | |
| 1. Class of Equity Secur | ity | | 2. Transaction Date (Month/Day/Year) | 4. Securities Acq | uired (A) or Di | sposed of (D) | 3. Amount of Month | of Securities Owned at End | 4. Ownership Form : Direct(D) or Indirect(I) | 6. Nature of Indirect Beneficial Ownership | |
| | | | | No. of shares | (A) or (D) | Price | % | Number of Shares | | | |
| COMMON SHARES | 3 | | | | | | | | | | |
| | | | 374 7777 | E 173 170 A | | N-7-4 | 7.30 | 180,872,609 End. Bal. as of 09.26.19 | (D) | | |
| | | | 3/4/2020 | 542,000 | A | 0.74 | 7.32 | 181,414,609 End. Bal. as of 03.04.20 | | · · · · · · · · · · · · · · · · · · · | |
| · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | | 1.02 | TOTAL DELICATION | <u> </u> | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | <u> </u> | | |
| | | | | | | | | | | | |
| | | | | | * | | 20.25 | 501,625,726 End. Bal. as of 09.26.19 | (1) | | |
| | | | <u></u> | <u> </u> | | | | | | | |
| | | | | | | | 20.25 | 501,625,726 End. Bal. as of 03.04.20 | | | |
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If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the curistanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

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

- (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
 - (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
- (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 - (A) held by members of a person's immediate family sharing the same household;
 (B) held by a partnership in which such person is a general partner;
 - (C) held by a corporation of which such person is a controlling shareholder; or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

Table (I - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., warrants, options, convertible securities)

| T. Derivative Security | Z. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yr) | Number of Derivative Securities Acquired (A) or Disposed of (D) | | b. Date Exercisable and Expiration Date (Month/Day/Year) | | 6. Title and Amount of Underlying Securities | | 7. Price of Derivative Security | 8. No. of Derivative Securities Beneficially Owned at | 9. Owner- ship Form of Derivative Security; Direct (D) | 10. Nature of Indirect Beneficial Ownership |
|------------------------|---|--|---|------------|--|--------------------|--|----------------------------------|---------------------------------------|---|--|--|
| | | | Amount | (A) or (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | <u> </u> | End of Month | or munecity | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | | , | | | | |
| | | | | | 1 | | - | | | | - | |
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Explanation of Responses:

VALTER W. BROWN

March 5,2020

Note: File three (3) copies of this form, one of which must be manually signed.

Attach additional sheets if space provided is insufficient.