RYE

(City)

NY

(State)

10580

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL						
OMB Number:	3235-0287						
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	. ,			Filed						of the Sinvestmen		ies Excha mpany A			1934						
		Reporting Person		AL		S	TV			ker or Tra	-	Symbol SS GR	OL	JP IN		Check a	ll app	ctor	-	erson(s) to	
(Last) ONE CO	(Fir RPORATE	,	Middle))	3. Da	te (of E	7				n/Day/Yea					belo			below)	
(Street) RYE (City)	N)		0580 Zip)		4. If	Ame	endr	meni	, Date	of Origina	al File	ed (Month	/Day	//Year)		Line)	Form	or Joint/Grou In filed by One In filed by Mor Ison	e Rep	porting Pers	son
(Oily)	(01)			Non-Deriv	ative	Se	CIII	ritie	s Ac	auired	Dis	nosed	of	or Be	nefic	ially O	wn	ed			
1. Title of S	Security (Ins			2. Transact Date (Month/Day	ion	2A Exe	. Dec ecuti	emed	1	3. Transac Code (Ir 8)	tion	4. Secu	rities	Acquir f (D) (Ins	ed (A)	or 5 4 and S	. Am ecur ene	nount of rities ficially	For (D)	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amoun	t	(A) or (D)	Price	R T	lepo rans	rted saction(s) . 3 and 4)	(IIIs	u. 4)	(111511. 4)
Common	Stock			12/27/2	007					S		2,00	0	D	\$39	.288	1,	193,000		D ⁽¹⁾	
		Та	ble I	I - Derivat (e.g., p													ned	l			
Security or Ex (Instr. 3) Price Deriv	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, / th/Day/Year)	4. Transaction Code (Instr. 8)		on tr.			Expiration Day/\		ate		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	v	(A)	(D)	Date Exercisa	able	Expiratio Date		o N o	umber						
		Reporting Person		<u>AL</u>																	
(Last) ONE CO	RPORATE	(First) CENTER	(1)	Middle)		_															
(Street)		NY	1	0580																	
(City)		(State)	(Z	Zip)																	
	nd Address of	f Reporting Person	*																		
		(First) STORS, INC CENTER	(N)	Middle)																	
(Street)																					

1. Name and Address of Reporting Person* GGCP, INC.								
(Last) 140 GREENWIC	(First) H AVENUE	(Middle)						
(Street) GREENWICH	СТ	06830	_					
(City)	(State)	(Zip)						

Explanation of Responses:

1. These securities are owned by GAMCO Investors, Inc. ("GBL"). GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. and Secretary for GAMCO INVESTORS, INC.

** 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.