FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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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

											npany Act										
		Reporting Person		NT INC		S				-	Symbol S GRO	UP IN	<u>IC</u>		c all app Direct		ng Perso	10% C)wner		
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 04/08/2005							Officer (give title Other (specif below) below)													
	RPORATE	,	,		4. If <i>i</i>	Ame	endment,	Date o	of Origina	l Filed	d (Month/Da	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) RYE NY 10580							Form filed by One Reporting Person X Form filed by More than One Reporting Person														
(City)	(Sta	ate) (Z	Zip)																		
		Tabl	e I - N	lon-Deriv	ative	Se	curitie	s Acc	uired,	Disp	osed of	, or Be	nefi	cially	Own	ed					
1. Title of \$	Security (Inst	r. 3)		2. Transact Date (Month/Day		Ex if	A. Deemed recution I any lonth/Day	Date,	3. Transac Code (Ir 8)		4. Securit Disposed and 5)				Secur	icially d	Form: Direct of Ind (D) or Benef Indirect (I) Owne		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	r Pr	ice	Repoi Trans		(,	(
Common	Stock			04/08/2	005				P		600	A	\$	18.82	1,0)43,450	Ι)			
		Та	ble II	- Derivati (e.g., pu							sed of, onvertible				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date,	4. Transa Code (8)		on of Deriving Security (A) of Disposor (D)	ired r osed) c. 3, 4	6. Date E Expiratio (Month/D	n Da		7. Title a Amount Securiti Underly Derivati Security 3 and 4)	of es ing /e	of Der Sec (Ins	Price ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	vative rities		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	,	V (A)	(D)	Date Exercisa		Expiration Date		Amou or Numb of Shares	er							
		Reporting Person		NT INC I	ET_																
(Last)		(First)	(M	liddle)																	
ONE CO	RPORATE	CENTER																			
(Street) RYE		NY	10	0580																	
(City)	((State)	(Zi	ip)																	

1. Name and Address		erson*						
(Last)	(First)	(Middle)						
C/O GABELLI ASSET MANAGEMENT INC								
ONE CORPORA	TE CENTER							
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
1. Name and Address GABELLI GR	. •	TAL PARTNERS						
(Last)	(First)	(Middle)						
140 GREENWIC	H AVENUE							
(Street)								
GREENWICH	СТ	06830						
(City)	(State)	(Zip)						

Explanation of Responses:

/s/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and Secretary for GABELLI ASSET MANAGEMENT INC. and

04/11/2005

GGCP, INC.

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).