FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	VAL
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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	ip of Reportin plicable) ctor er (give title	ng Perso	10% C	
(Last)	(Fir	st) (f	Middle)				of Earlies	t Trans	action (M	lonth/	/Day/Year)				belo			below)	
	RPORATE	,	,		4. If <i>i</i>	Ame	endment,	Date o	of Origina	l Filed	d (Month/Da	ay/Year)		6. Indi Line)	vidual o	or Joint/Grou	p Filing	(Check A	Applicable
(Street)	NY	7 1	0580											X		n filed by One n filed by Mor on		-	
(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	6. Own Form: (D) or Indired (Instr.	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o	r <sub>Pr</sub>	ice	Repoi Trans		<b>(</b>	,	(
Common	Stock			04/15/2	005				P		500	A	\$	18.01	1,0	50,850	I	)	
		Та	ble II	- Derivati (e.g., pu							sed of, o				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)	Own For Dire or I (I) ( 4)	nership m: ect (D) ndirect Instr.	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	)580															
(City)		(State)	(Zi	ip)															
<u> </u>																			

la	(D " D	*
	ess of Reporting Per	son
<u>GABELLI M</u>	<u>ARIO J</u>	
-		
(Last)	(First)	(Middle)
C/O GABELLI	ASSET MANAGE	EMENT INC
ONE CORPOR.	ATE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)
1. Name and Addr	ess of Reporting Per	son <sup>*</sup>
GABELLI G	ROUP CAPIT	AL PARTNERS
INC		
<u></u>		
(Last)	(First)	(Middle)
(Last) 140 GREENWI	, ,	(Middle)
, ,	, ,	(Middle)
, ,	, ,	(Middle)
140 GREENWI	CH AVENUE	(Middle) 06830
140 GREENWI (Street)	CH AVENUE	

**Explanation of Responses:** 

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

04/18/2005

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).