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 pursuant to Section 16/a) of the Securities Exchange Act of 1934

				riied								mpany Act			1934						
		Reporting Person		AL		S	TV			ker or Tra HOLDI		Symbol S GRO	<u> </u>	P IN			all ap			X 10% C)wner
(Last)	(Fir		Middle))	3. Da				ran	saction (N	/lonth	ı/Day/Yeaı	r)				Offic belo	er (give title w)		Other below)	(specify
(Street) RYE (City)	NY (St		0580 Zip)		4. If <i>i</i>	Αme	endr	ment, Da	ate	of Origina	al File	d (Month/l	Day	/Year)		6. Indiv Line) X	Forn	or Joint/Grou n filed by On n filed by Mo son	e Re	eporting Pers	son
	`			Non-Deriv	ative	Se	cur	rities <i>F</i>	\c	auired.	Dis	posed o	of. (or Bei	nefic	ially	Own	ed			
1. Title of	Security (Ins			2. Transacti Date (Month/Day	on	2A. Exe	. Dec	emed on Date /Day/Yea	,	3. Transac Code (In 8)	tion	4. Securi Disposed 5)	ities	Acquir	ed (A)	or	5. Am Secui	nount of rities ficially	Fo (D)	Ownership rm: Direct) or direct (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount		(A) or (D)	Pric	e	Repo Trans			30. 4)	(111341. 4)
Common	Stock			08/05/2						S		1,000		D		7.636	<u> </u>	120,000		D ⁽¹⁾	
		Та	ble I	l - Derivat e.g., pı(ive Se uts, ca	ecu alls	ıriti S, W	es Ac	qu ts,	ired, D option	ispo s, c	osed of, onvertil	or ble	Bene secur	ficia rities	lly Ov s)	wned	l			
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if an		Execu if any			ransaction ode (Instr.				Expiration Day/\ (Month/Day/\		ate	A Se	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		,	(A) (D)	Date Exercisa		Expiration Date		N of	umbe	r					
		Reporting Person		AL																	
(Last) ONE CO	RPORATE	(First) CENTER	(1)	⁄liddle)																	
(Street)		NY	1	0580		_															
(City)		(State)	(Z	Zip)																	
	nd Address of	f Reporting Person	*																		
ONE CO		(First) STORS, INC. CENTER	(N)	<i>f</i> liddle)																	
(Street)						-1															

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/ Peter D. Goldstein, Attomey-In-Fact for MARIO J. GABELLI, GGCP, INC., and 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.