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
٦	to Section 16. Form 4 or Form 5
╛	obligations may continue. See
_	Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or Se	ectio	n 30(l) of the	Ínvestm	ent C	ompany Act	of 1940)						
	LLI ASSE	f Reporting Person		ENT INC		<u>ES</u>	TW				g Symbol <mark>GS GRC</mark>	<u>UP I</u>	<u>NC</u>		all app Direc	ip of Reportir plicable) ctor er (give title	ng Per X	10% C	
(Last)	(Fir	st) (I	Middle	e)			of Ear 2005	liest Tra	nsaction	(Mon	th/Day/Year))			belo			below	
ONE CO	RPORATE	CENTER			4. If	Am	endme	nt, Dat	e of Orig	inal Fi	led (Month/D	ay/Yea	r)	6. Indiv	vidual o	or Joint/Grou	p Filing	g (Check	Applicable
(Street) RYE (City)	NY (Sta		058(Zip))										X		n filed by One n filed by Mor on		-	
		Tabl	el-	Non-Deriv	ative	Se	curi	ies A	cquire	d, Di	sposed o	f, or E	Benefi	icially	Own	ed			
1. Title of	Security (Inst	tr. 3)		2. Transactio Date (Month/Day/Y	rear) i	Exed if an			3. Transa Code (I 8)		4. Securitie Disposed C 5)				Secui	ficially ed	Form (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	r _{Pric}	e	Repo Trans		(iiisti	1. 4)	(111501. 4)
Common	Stock			05/26/200	05				P		900	A	\$16	5.8433	1,0	061,150		D ⁽¹⁾	
		Та	ble	ll - Derivati e.g., pu)							osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an		4. Transa Code 8)		on of District A (A District A (I I	Numbe ecurities equired) or sposed (D) estr. 3,	Expir (Mont	ation I	rcisable and Date /Year)	7. Title Amou Securi Under Deriva Securi 3 and	nt of ties lying tive ty (Inst	of Deri Sec (Ins	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O' F (D) (I) (1)	wnership orm: irect (D) r Indirect) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	v (A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er					
		f Reporting Person		ENT INC	<u>ET</u>														
(Last)		(First)	((Middle)															
ONE CO	RPORATE	CENTER				_													
(Street)	.	NY	I	10580															
(City)		(State)	(Zip)															

1. Name and Addres	s of Reporting Per	son [*]
GABELLI MA	RIO I	
OADELLINA	MICIO U	
(Last)	(First)	(Middle)
C/O GABELLI A	SSET MANAGE	EMENT INC
ONE CORPORA	TE CENTER	
ONE CORTORI	TE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)
,	(Glato)	(ZiP)
Name and Addres		,
1. Name and Addres	ss of Reporting Per	son*
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1. Name and Addres GABELLI GR INC	es of Reporting Per	Son' FAL PARTNERS
1. Name and Addres GABELLI GR INC (Last)	es of Reporting Per	Son' FAL PARTNERS
1. Name and Addres GABELLI GR INC (Last)	es of Reporting Per	Son' FAL PARTNERS
1. Name and Addres GABELLI GR INC (Last) 140 GREENWIC (Street)	es of Reporting Per ROUP CAPIT (First) H AVENUE	FAL PARTNERS (Middle)
1. Name and Addres GABELLI GR INC (Last) 140 GREENWIC	es of Reporting Per ROUP CAPIT (First) H AVENUE	Son' FAL PARTNERS
1. Name and Addres GABELLI GR INC (Last) 140 GREENWIC (Street)	es of Reporting Per ROUP CAPIT (First) H AVENUE	FAL PARTNERS (Middle)

Explanation of Responses:

1. These securities are owned by Gabelli Asset Management 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 GABELLI ASSET MANAGEMENT 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.