RYE

(City)

NY

(State)

10580

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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							ities Exchan ompany Act			4				
		Reporting Person		<u>Γ AL</u>		<u>S</u>	TV				g Symbol GS GRC	DUP	<u>INC</u>		Check all app Direct	plicable) ctor		Owner
(Last)	(Fir	,	Middle	e)	3. Dat 06/24				insaction	(Mon	th/Day/Year)			Offic belo	er (give title w)	Othe belo	er (specify w)
(Street) RYE (City)	NY (Sta		058 Zip)	0	4. If A	me	endr	ment, Dat	e of Orig	inal Fi	led (Month/E	Day/Yea	ar)		ne) Form	n filed by One	p Filing (Chec e Reporting Por re than One R	erson
		Tabl	e I -	· Non-Deriv	ative \$	Se	cui	rities A	cauire	d. Di	sposed o	f. or l	Benef	icia	ally Own	ed		
1. Title of S	Security (Inst			2. Transaction Date (Month/Day/	on 2/ E: Year) if	A. I xec	Deer cution		3. Transac Code (I 8)	ction	4. Securitie Disposed (5)	es Acqu	ıired (A) or	5. Am Secui Bene Owne Follo	nount of rities ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
									Code	V	Amount	(A) (D)	Pilic		(Instr	rted saction(s) . 3 and 4)		
Common	Stock			06/24/20					S	<u> </u>	1,700	D				54,200	D ⁽¹⁾	
		Та	ble	II - Derivat (e.g., p							osed of, convertib							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transaction Code (Instr 8)		on tr.	5. Number of of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Expiration I e (Month/Day		Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 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.	Beneficial Ownership
					Code	,	,	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	ber				
		Reporting Person		<u>Γ AL</u>														
(Last) ONE CO	RPORATE	(First) CENTER		(Middle)		-												
(Street)	:	NY		10580		-												
(City)		(State)		(Zip)														
	nd Address of	f Reporting Person	•															
		(First) STORS, INC CENTER		(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/ Peter D. Goldstein, Attorney-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.