(Street) 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								es Exchang npany Act o			934						
		Reporting Person		<u>AL</u>	WE	S	ΤW			er or Tra	-	Symbol S GRO	UP	INC				ip of Reportii plicable) ctor	ng Pei		
(Last)	(Fir	, ,	Middle)		3. Da	[WHG] 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2007										Officer (give title Other below) below					(specify)
(Street)	NY		0580		4. If <i>I</i>	4me	endn	nent, [Date (of Origina	l File	d (Month/D	ay/Yea	ar)		. Individ	Form	or Joint/Grou	e Repo	orting Per	son
(City)	(Sta	ate) (Z	Zip)													X	Pers	n filed by Moi on	re thar	i One Rep	oorting
		Tabl	e I - N	lon-Deriv	ative	Se	cur	ities	Acc	quired,	Dis	posed of	f, or l	Ben	efici	ally C) Wn	ed			
1. Title of S	Security (Inst	tr. 3)		2. Transact Date (Month/Day		Exe if a	ecuti any	emed ion Da		3. Transac Code (Ir 8)		4. Securit Disposed and 5)				! S	Secur	ficially d	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	(A (D) or)	Price	• 1		rted action(s) . 3 and 4)		·	
Common	Stock			11/30/2	007					S		400		D	\$37	'.44	1,2	214,700		D ⁽¹⁾	
		Та	ble II	- Derivat								sed of, onvertib					ned				
Derivative Conversion Date Execuserity or Exercise (Month/Day/Year) if any		if any	eemed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		on cr. I			6. Date Exercis: Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		l nstr.	8. Pri of Deriv Secur (Instr	ivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	ļ	,	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber ares						
		Reporting Person		<u>AL</u>																	
(Last)	RPORATE	(First) CENTER	(Mi	iddle)																	
(Street)	-	NY	10)580		_															
(City)		(State)	(Zi	p)																	
	nd Address of	Reporting Person	*																		
		(First) STORS, INC CENTER	(Mi	iddle)		_															

1. Name and Addres	s of Reporting Pe	rson*	
(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/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. and Secretary for 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.