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			34					
		Reporting Person		<u>Γ AL</u>		<u>S</u>	TV	me <b>and</b> T			g Symbol GS GRC	OUP	INC		Check all ap	ctor	ng Pers	10% C	Owner
(Last) ONE CO	(Fin	,	Middle	e)	-	te d	of E		insaction	(Mon	th/Day/Year	)			Offic belo	er (give title w)		Other below	(specify )
(Street) RYE (City)	NY (Sta		058 Zip)	0	4. If A	ĸme	endı	ment, Dat	e of Orig	inal Fi	led (Month/[	Day/Ye	ar)		ine) Forn	or Joint/Grou n filed by One n filed by Mor son	e Repo	rting Per	son
		Tabl	e I -	· Non-Deriv	ative \$	Se	cu	rities A	cauire	d. Di	sposed o	f. or	Bene	fici	ally Own	ed			
1. Title of S	Security (Inst			2. Transaction Date (Month/Day/	on 2/ E: Year) if	A. I xec	Deei cutio	med on Date, Day/Year)	3. Transa Code (I 8)	ction	4. Securition Disposed (5)	es Acq	uired (	(A) o	r 5. An Secu Bene Owne	nount of rities ficially ed wing		ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	V	Amount	(A) (D)	ļ-'	rice	(Instr	saction(s)			
Common	Stock			06/29/20					S	<u> </u>	800	I				49,700	I	<b>)</b> <sup>(1)</sup>	
		Та	ble	II - Derivat (e.g., p	ive Se uts, ca	lls	ırit S, V	ies Acc varrants	uired, s, optic	Disp ons,	osed of, convertib	or B	enefi ecurit	cial ies)	ly Owned )	_			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exed if ar	Deemed cution Date, ny nth/Day/Year)		Transaction Code (Instr.		5. Number of Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Expiration I e (Month/Day s		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 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. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		,	(A) (D)	Date Exerc	isable	Expiration Date	Title	or	ount nber res					
		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													

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/ 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.

- $^{\star}$  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.