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

mstruct	ion i(b).			Filed								ies Exchan mpany Act	-		934						
		f Reporting Person		AL		S	TV			ker or Tra		Symbol SS GRC	<u>UP</u>	INC		Check all				n(s) to	
(Last) ONE CO	(Fir	,	Middle))	1	ite	of E		Tran	saction (N	Month	n/Day/Year))				office	er (give title v)		Other below	(specify)
(Street) RYE	NY	7 1	0580		4. If <i>i</i>	Ame	endr	ment, C	Date	of Origina	al File	ed (Month/D)ay/Ye	ar)		ine) Fo	orm	r Joint/Grou filed by One filed by Mor	e Reportir	ng Per	son
(City)	(St	ate) (2	Zip)																		
1. Title of	Security (Ins		eI-	2. Transacti Date (Month/Day	ion	2A Exe	. Dec ecuti	emed ion Dat	te,	3. Transac Code (Ir 8)	tion	4. Securit Disposed 5)	ies Ac	quire	ed (A)	or 5. Se Be Ow	Amo	ount of ties cially	6. Owner Form: D (D) or Indirect (Instr. 4)	irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	(A (D) or)	Price	Re	port ansa		(1130. 4)		(1130. 4)
Common	Stock			08/28/2						S		1,000		D	\$49		_	04,300	D (1)	
		Та	ble I	l - Derivat e.g., pı								osed of, convertib					ed				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		of G	8. Price of Derivati Security (Instr. 5	derivative Securities y Beneficiall		Owner Form Direct or In (I) (In 4)	nership m: ect (D) ndirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	v	(A) ((D)	Date Exercisa	able	Expiration Date	Title	or Nu of	umber						
		f Reporting Person		<u>AL</u>																	
(Last) ONE CO	RPORATE	(First) CENTER	(1)	<i>f</i> iddle)																	
(Street)		NY	1	0580		-															
(City)		(State)	(Z	Zip)																	
	nd Address o	f Reporting Person	*																		
		(First) STORS, INC CENTER	A)	⁄liddle)																	
(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.