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

Instruct	ion 1(b).			Filed				•	,		rities Exchan ompany Act	-		ı				
		f Reporting Person		AL	WE	<u>S</u>	ΤV	me <b>and</b> T			g Symbol GS GRC	UP I	NC		elationshi ck all app Direc	olicable)	ng Person(s) to	Issuer Owner
(Last)	(Fir	,	Middle	÷)	3. Da 07/2	te (	of E		nsaction	(Mon	th/Day/Year)	1			Office belov	er (give title w)	Other below	(specify )
	RIOKATE	CENTER			4. If A	me	end	ment, Dat	e of Orig	inal Fi	led (Month/D	ay/Yea	r)	6. In		r Joint/Grou	p Filing (Check	Applicable
(Street) RYE	NY		0580	)										X	Form	filed by Mor	e Reporting Per re than One Re	
(City)	(St		Zip)	Non-Deriv	ative 9			ritias A	cauire	4 Di	enosed o	f or F	Ronofi	ciall	v Owne			
1. Title of S	Security (Ins			2. Transactio Date (Month/Day/)	n 2. (ear) if	A. I	Dee cutio	med on Date, Day/Year)	3. Transac Code (I 8)	ction	4. Securitie Disposed C 5)	es Acqu Of (D) (In	ired (A)	or 4 and	5. Am Secur	ount of ities icially d wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	Pric	е	Trans	action(s) . 3 and 4)		
Common	Stock	<b>.</b>		07/23/20		_			S	<u> </u>	2,500	D		.211		43,700	<b>D</b> <sup>(1)</sup>	
				` • • •				varrants	s, optic	ons,	convertib				Ownea			
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. Transactio Code (Inst 8)				Expiration   e (Month/Day		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		of De Se (II	Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		,	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er				
		f Reporting Person		AL														
(Last) ONE CO	RPORATE	(First) CENTER	(1	Middle)														
(Street)		NY	1	10580		-												
(City)		(State)	(	Zip)														
	nd Address of LLI MAR	f Reporting Person IO J	*															
		(First) STORS, INC CENTER	(1	Middle)														
(Street)																		

1. Name and Address of Reporting Person*  GGCP, INC.									
(Last) (First) (Middle) 140 GREENWICH AVENUE									
(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,
Attomey-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.