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>		S	TV	me and T			g Symbol GS GRC	DUP	<u>INC</u>		Check all app Direct	plicable) ctor		Owner
(Last) ONE CO	(Fir	,	Middle	e)	-	te (of E		nsaction	(Mon	th/Day/Year)			Offic belo	er (give title w)	Other below	(specify ()
(Street) RYE (City)	NY (Sta		058 Zip)	0	4. If <i>F</i>	Ame	endı	ment, Dat	e of Orig	inal Fi	led (Month/E	Day/Yea	ar)		ne) Form	n filed by One	p Filing (Check e Reporting Pe re than One Re	rson
		Tabl	e I -	· Non-Deriv	rative :	Se	cu	rities A	cauire	d. Di	sposed o	f. or	Benef	icia	ally Own	ed		
1. Title of \$	Security (Inst			2. Transaction Date (Month/Day/	on 2. Year) if	A. I	Deei cutio	med on Date, Day/Year)	3. Transac Code (I 8)	ction	4. Securitie Disposed (5)	es Acqu Of (D) (I	uired (A) or	5. Am	nount of rities ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	Pric	се	Trans	saction(s) . 3 and 4)		
Common	Stock			01/10/20	08				S		1,100	D	\$3	8.14	464 1,	191,900	D	
		Та	ble	II - Derivat							osed of, convertib							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) is	Exe if ar	Deemed cution Date, ny nth/Day/Year)	4. Transaction Code (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 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.	Beneficial Ownership
					Code	,	,	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	ber				
		Reporting Person		ΓAL														
(Last) ONE CO	RPORATE	(First) CENTER		(Middle)														
(Street)	:	NY		10580		-												
(City)		(State)		(Zip)														
	nd Address of	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:

/s/ James E. McKee Attorneyin-Fact for MARIO J. 01/11/2008 GABELLI and GGCP, INC. and Secretary for GAMCO INVESTORS, INC.

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).