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 | | | | | | | rities Exchan ompany Act | | | 34 | | | | |
|--------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------|---------------|--------------------------------------------------------------------------------------|--------------------------------|---------|----------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------|-------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| | | f Reporting Person | | <u>Γ AL</u> | | S | TV | me and T | | | g Symbol GS GRC | OUP | INC | | Check all ap | plicable) ctor | ng Person(s) to | Owner |
| (Last) ONE CO | (Fir | , | Middle | e) | - | te d | of E | | insaction | (Mon | th/Day/Year |) | | | Offic belo | er (give title w) | Othe belov | r (specify v) |
| (Street) RYE (City) | NY (St | | 058 Zip) | 0 | 4. If A | Ame | endr | ment, Dat | e of Origi | inal Fi | led (Month/[| Day/Ye | ar) | | ine) Fom | n filed by One | p Filing (Checker Reporting Perre than One Re | rson |
| | | Tabl | e I - | Non-Deriv | ative : | Se | cui | rities A | cauire | d. Di | sposed o | f. or | Bene | fici | ally Own | ed | | |
| 1. Title of | Security (Ins | | | 2. Transaction Date (Month/Day/ | on 2. Fear) if | A. I xec | Deer cutio | med on Date, Day/Year) | 3. Transac Code (I 8) | ction | 4. Securitie Disposed (5) | es Acq | uired (| A) oı | 5. An Secur Bene Owne | 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) | or Pr | ice | | rted saction(s) :. 3 and 4) | | |
| Common | Stock | | | 05/26/20 | | | | | S | | 2,000 | | | | | 87,300 | D ⁽¹⁾ | <u> </u> |
| | | Та | ble | II - Derivat (e.g., p | | | | | | | osed of, convertib | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | on tr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5) | Expiration le (Month/Day | | | 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 | Amo or Num of Shar | ber | | | | |
| | | f Reporting Person | | ΓAL | | | | | | | | | | | | | | |
| (Last) ONE CO | RPORATE | (First) CENTER | | (Middle) | | | | | | | | | | | | | | |
| (Street) | | NY | | 10580 | | | | | | | | | | | | | | |
| (City) | | (State) | | (Zip) | | | | | | | | | | | | | | |
| | nd Address of | f Reporting Person IO J | * | | | | | | | | | | | | | | | |
| | | (First) STORS, INC CENTER | | (Middle) | | - | | | | | | | | | | | | |
| (Street) | | | | | | - 1 | | | | | | | | | | | | |

| 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.