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								es Excha npany Ac			934					
		Reporting Person		<u>AL</u>		S	TV			ker or Tra	_	Symbol S GR	<u> </u>	P INC		. Relationsh Check all ap Dire		ng Perso	on(s) to	
(Last) ONE CO	(Fir	,	Middle)		3. Da	1te /	of E 201	2				/Day/Yea				belo			below	
(Street) RYE	NY		0580		4. If <i>i</i>	Αme	endı	men	t, Date	of Origina	I File	d (Month/	Day/	Year)		ine) Forn	or Joint/Grou n filed by On n filed by Mo son	e Report	ting Per	son
(City)	(Sta		Zip) 	Non-Deriv	vative	S-0	2011	ritia	os Acc	nuired	Die	nosed (of o	or Ben	efici	ally Own	ed			
1. Title of S	Security (Inst		<u> </u>	2. Transac Date (Month/Da	tion	2A Ex if	A. De cecu	eeme tion		3. Transac Code (II	tion		rities	Acquire	ed (A)	or 5. Am	ount of rities ficially d	6. Own Form: (D) or Indired	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	:	(A) or (D)	Price	Repo Trans		(msu.		(IIIstr. 4)
Common	Stock			02/13/2						S		200		D	\$40		96,100	D	(1)	
		Та	ble II	- Derivat (e.g., p													l			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)			4. Transaction Code (Instr. 8)					6. Date Exercis Expiration Dat (Month/Day/Ye		ite	Ar Se Ur De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number 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		v	(A)	(D)	Date Exercisa		Expiratior Date	Ti	or Nu of	nount imber ares					
		Reporting Person		<u>AL</u>																
(Last) ONE CO	RPORATE	(First) CENTER	(M	liddle)																
(Street)	:	NY	10	0580																
(City)		(State)	(Z	ip)																
	nd Address of	f Reporting Person	*																	
		(First) STORS, INC CENTER	(M	liddle)																
(Street)																				

1. Name and Addres	s of Reporting Pers	on [*]	
(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/ Douglas R. Jamieson,
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.

- * 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.